



GREATER HAMPTON ROADS
HIV HEALTH SERVICES
**PLANNING
COUNCIL**



DAY 1: AUGUST 31, 2022
DAY 2: SEPTEMBER 1, 2022



GY2023/24
**PRIORITY SETTING AND
RESOURCE ALLOCATIONS**



COLLABORATIVE
RESEARCH



AGENDA

2023-2024 Priority Setting and Resource Allocations

Mandatory Data Training and Workshop

Wednesday, August 31, 2022

ZOOM TELECONFERENCING

9:00a.m. – 1:00p.m

To Join Via Computer/Tablet/Smart Phone:

<https://us02web.zoom.us/j/82620529742?pwd=ZWtzU1cvK25hV21lL2JYQnF1bk1PQT09>

To Join Via Cell Phone/Telephone:

Dial (669) 900-6833 Meeting ID: 826 2052 9742 Password: 388977

I. Call to Order and Roll Call.

The Chair will call the meeting to order and establish a quorum by roll call. The Chair will ask members to announce their first and last name and if they have a conflict of interest for the record.

II. Welcome and Introduction of Guest(s).

The Chair will welcome everyone to the meeting and remind attendees to please mute their mobile devices or conference line unless they are called upon to speak. Attendees may use the "Raise Your Hand" option in the participant's panel to signal that they wish to speak. The Chair will call upon the attendee when it is their turn to speak. The Chair will ask guests of the meeting to announce their first and last names for the record.

III. Moment of Silence.

The Chair will ask members and guests to recognize a moment of reflection and respect.

IV. Public Comment. *(Discussion, all matters in this item are informational only).*

This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until it has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. If you wish to comment on the Phone or Computer: Please raise your hand through the participant chat, wait to be called upon, and clearly state your first and last names for the record.

V. Review PSRA Meeting Packet. *(Discussion, all matters in this item are informational only).*

- Meeting Agendas (Day 1 and 2)
- Glossary of Frequently Used Terms & Acronyms
- PSRA Training PowerPoint
- Grant Year (GY) 2022 Notice of Award
- GY 2022 Objective Review Committee Final Summary Statement
- GY 2023 Non-Competing Continuation (NCC) Progress Report
- Priority Setting Data Review and Worksheet
- Resource Allocations Data Review and Worksheet

VI. Priority Setting and Resource Allocations Training *(Discussion, all matters in this item are informational only).*

Planning Council members will participate in mandatory PSRA training and review data used in the PSRA meeting.

VII. Ryan White Part A Recipients Report. *(Discussion and for possible action)*

The Chair will recognize a representative from the Ryan White Part A Recipient's Office to give a TGA update/report.

VIII. Announcements by Member. *(Discussion, all matters in this item are informational only).*

Planning Council members can make announcements unrelated to the Council's legislative mandates or agenda items considered for today's meeting. Members of the Planning Council cannot propose, discuss, deliberate, or act on any matter voiced during this time.

IX. Public Comment. *(Discussion, all matters in this item are informational only).*

This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until it has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. If you wish to comment on the Phone or Computer: Please raise your hand through the participant chat, wait to be called upon, and clearly state your first and last names for the record.

X. Next Meeting – Thursday, September 1, 2022, 9:00 am – 1:00 pm

XI. Adjournment

Anyone desiring supporting documentation or additional information is invited to call Deryk Jackson, Planning Council Support Staff at (888) 571-0001 x107 or via email at deryk@collaborativeresearch.us.

Upcoming Greater Hampton Roads Planning Council Meetings:

- **SPECIAL PRIORITY SETTING AND RESOURCE ALLOCATION MEETING – Thursday, September 1st, 9:00am**

RYAN WHITE HIV/AIDS PROGRAM GLOSSARY OF TERMS

Below are terms used most frequently in HRSA's Ryan White HIV/AIDS Program (RWHAP).

Administrative or Fiscal Agent

Entity that functions to assist the Ryan White HIV/AIDS Program recipient or planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing funding announcements, monitoring contracts).

Affordable Care Act (ACA)

Federal law comprised of expanded health insurance coverage and health care delivery innovations designed to achieve better health outcomes by increasing the number of insured Americans, reducing care costs, and improving the overall American health care system. Enacted in 2010 as the Patient Protection and Affordable Care Act.

Agency for Healthcare Research and Quality (AHRQ) (link is external)

Federal agency within HHS that supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services.

AIDS Drug Assistance Program (ADAP) (link is external)

Administered by States and authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

ADAP Data Report (ADR)

Reporting requirement for ADAPs to provide client-level data on individuals served, services being delivered, and costs associated with these services.

AIDS

Acquired Immune Deficiency Syndrome. A disease caused by the human immunodeficiency virus (HIV).

AIDS Education and Training Center (AETC) (link is external)

Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

AIDS Service Organization (ASO)

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

Annual Gross Income

A measure of income. There are several ways to measure an individual's Annual Gross Income. For example, these forms of income could be used by the provider for the purposes of imposition of charges:

- Gross Income: the total amount of income earned from all sources during the calendar year before taxes.
- Adjusted Gross Income: gross income less deductions.

Antiretroviral Therapy

An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV that is designed to reduce viral load to undetectable levels.

Applicable Services

Any RWHAP service with a distinct fee typically charged in the local market. In the broader healthcare community this distinct fee is often referred to as a usual, customary, and reasonable (UCR) fee.

Cap on Charges

The limitation on aggregate charges imposed during the calendar year based on patient's annual gross income. All fees must be waived once a RWHAP patient reaches their cap for that calendar year.

Capacity

Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved people living with HIV (PLWH) in the EMA.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)

Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation (link is external) created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

This advisory committee, often referred to as the CHAC, advises the Secretary, HHS; the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV, Viral Hepatitis, and STD prevention and treatment efforts.

Centers for Disease Control and Prevention (CDC) (link is external)

Federal agency within HHS that administers disease prevention programs including HIV/AIDS prevention.

Centers for Medicare and Medicaid Services (CMS) (link is external)

Federal agency within HHS that administers the Medicaid, Medicare, the Children's Health Insurance Program (CHIP) and the Health Insurance Marketplace.

Chief Elected Official (CEO)

The official recipient of Part A or Part B Ryan White HIV/AIDS Program funds. For Part A, this is usually a city mayor, county executive, or chair of the county board of supervisors. For Part B, this is usually the governor. The CEO is ultimately responsible for administering all aspects of their Part's RWHAP Act funds and ensuring that all legal requirements are met.

Client Level Data (CLD)

Information collected on each client eligible for and receiving RWHAP core medical services or support services. The data elements reported per client are determined by the specific RWHAP services that the agency is funded to provide.

Community-based Organization (CBO)

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Community Based Dental Partnership Program (CBDPP)

A program under the Ryan White HIV/AIDS Program (Part F) that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

Community Forum or Public Meeting

A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Co-morbidity

A disease or condition, such as hepatitis, mental illness or substance abuse, co-existing with HIV disease.

Comprehensive Planning

The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Community Health Centers

See Health Centers.

Consortium/HIV Care Consortium

A regional or statewide planning entity established by many State recipient under Part B of the Ryan White HIV/AIDS Program to plan and sometimes administer Part B services. An association of health care and support service agencies serving PLWHA under Part B.

Continuous Quality Improvement

An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of Care (link is external)

The extent to which a person living with HIV disease is engaged in HIV/AIDS care and is realizing the full advantages of care and treatment—from initial diagnosis and engagement in care to full viral suppression. Generally referred to as the HIV Care Continuum.

Core Medical Services

Essential, direct, health care services for HIV/AIDS care specified in the Ryan White legislation. Recipient/subrecipient expenditures are limited to core medical services, support services, and administrative expenses.

Cultural Competence

The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

Data Terms

For definitions of terms, see data dictionaries for the Ryan White Services Report (RSR) (link is external) and the ADAP Data Report (ADR) (link is external).

Documentation

Papers and documents required from clients, as defined by the recipient, in order to assure all RWHAP statutory requirements are met.

Early Intervention Services (EIS)

Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Eligible Metropolitan Area (EMA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. See also Transitional Grant Area, TGA.

Eligible Scope

A method of data collection based on a client's ability to receive federally funded RWHAP services using established recipient criteria.

Epidemiologic Profile

A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area. Specific to HIV planning, a description of the burden of HIV in the population of an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PLWH, and persons at higher risk for infection.

Epidemiology

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Ending the HIV Epidemic (EHE)

Ending the HIV Epidemic in the U.S. (EHE) is a bold plan announced in 2019 that aims to end the HIV epidemic in the United States by 2030.

Family-Centered Care

A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Federal Poverty Level (FPL)

A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children's Health Insurance Program (CHIP), and RWHAP.

Fee-for-Service

The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his or her health insurance plan) separately for each patient encounter or service rendered.

Fee Schedule

A complete listing of billable services, those with UCR fees, and their associated fees based on locally prevailing rates or charges. A fee schedule is used by healthcare providers to identify which services they bill for and for how much. A fee schedule is not a schedule of charges. A fee schedule is not required by the RWHAP legislation, but it may be useful as the basis for a schedule of charges. Having one in place is considered a best practice and, for those multi-funded clinics, is a requirement for HRSA Bureau of Primary Health Care (BPHC) grant recipients.

Financial Status Report (FSR - Form 269)

A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the recipient organization.

Food and Drug Administration (FDA) ([link is external](#))

Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Grantee Contract Management System

An electronic data system that RWHAP recipients use to manage their subrecipient contracts.

Health Centers ([link is external](#))

Community-based and patient-directed organizations funded by HRSA that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health Resources and Services Administration (HRSA) ([link is external](#))

The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

HRSA HIV/AIDS Bureau (HAB) ([link is external](#))

The bureau within HRSA of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program. See the HRSA HAB Program Administration fact sheet ([link is external](#)).

HIV Care Continuum

The stages of HIV care, from initial diagnosis to achieving the goal of viral suppression. The effectiveness of HIV testing and care in a given jurisdiction is typically depicted as the proportion of individuals living with HIV who are engaged at each stage.

HIV Disease

Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

HIV-related Charges

Those charges a RWHAP recipient imposes on the patient plus any other out-of-pocket charges related to their HIV care (as determined by their provider) that a patient incurs and reports to their RWHAP recipient/provider. These charges can be from any provider as long as the service is a RWHAP allowable service.

Housing Opportunities for People With AIDS (HOPWA) ([link is external](#))

A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HUD (U.S. Department of Housing and Urban Development) ([link is external](#))

The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Imposition of Charges

All activities, policies, and procedures related to assessing RWHAP patient charges as outlined in legislation.

Incidence

The number of new cases of a disease that occur during a specified time period.

Incidence Rate

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Intergovernmental Agreement (IGA)

A written agreement between a governmental agency and an outside agency that provides services.

Lead Agency

The agency within a Part B consortium that is responsible for contract administration; also called a fiscal agent (an incorporated consortium sometimes serves as the lead agency).

Medicaid Spend-down

A process whereby an individual who meets the Medicaid medical eligibility criteria, but has income that exceeds the financial eligibility ceiling, may "spend down" to eligibility level. The individual accomplishes spend-down by deducting

accrued medically related expenses from countable income. Most State Medicaid programs offer an optional category of eligibility, the "medically needy" eligibility category, for these individuals.

Minority AIDS Initiative (MAI)

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Multiply Diagnosed

A person having multiple morbidities (e.g., hepatitis and HIV, substance abuse and HIV infection) (see co-morbidity).

Needs Assessment

A process of collecting information about the needs of PLWH (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

Nominal Charge

A fee greater than zero.

Notice of Funding Opportunity (NOFO)

An open and competitive process for selecting providers of services.

Office of Management and Budget (OMB)

The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Opportunistic Infection

An infection or cancer that occurs in people with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's sarcoma, Pneumocystis jiroveci pneumonia, toxoplasmosis, and cytomegalovirus are all examples of such infections.

Patient Assistance Programs (PAPs)

Programs operated by pharmaceutical companies and foundations that provide medicines at little or no cost to eligible patients.

Part A

The part of the Ryan White HIV/AIDS Program that provides emergency assistance to localities disproportionately affected by the HIV/AIDS epidemic.

Part B

The part of the Ryan White HIV/AIDS Program that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C

The part of the Ryan White HIV/AIDS Program that supports outpatient primary medical care and early intervention services (EIS) to PLWH through grants to public and private non-profit organizations. Part C also funds planning grants to prepare programs to provide EIS services.

Part D

The part of the Ryan White HIV/AIDS Program that supports family-centered, comprehensive care to women, infants, children, and youth living with HIV.

Part F: AIDS Education and Training Centers (AETC)

National and regional centers providing education and training for primary care professionals and other AIDS-related personnel.

Part F: Dental Programs

The part of the Ryan White HIV/AIDS Program that provides additional funding for oral health care for people with HIV through the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program.

Part F: SPNS: Special Projects of National Significance

The part of the Ryan White HIV/AIDS Program that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Part F: Minority AIDS Initiative

The Minority AIDS Initiative provides funding to evaluate and address the impact of HIV/AIDS on disproportionately affected minority populations.

People Living with HIV (PLWH)

Descriptive term for persons living with HIV disease.

Planning Council/Planning Body

There are various types of planning groups. For Part A of the RWHAP, a planning council is a body appointed or established by the Chief Elected Official with responsibility to assess needs, establish a plan for the delivery of HIV care in the area, and establish priorities for the use of Part A funds. Part B planning bodies conduct similar tasks but do not establish service dollar allocations. In addition, jurisdictions directly funded by CDC are responsible for convening planning bodies to address HIV prevention, care and treatment issues. Many jurisdictions facilitate collaboration through joint care/prevention planning bodies and/or shared planning tasks.

Planning Process

Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

PrEP

Pre-exposure prophylaxis is a prevention method for people at higher risk for HIV exposure and involves taking an antiretroviral pill every day to greatly reduce, if not eliminate, the risk of becoming infected with HIV if exposed to the virus.

Prevalence

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence Rate

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Primary Health Care Service

Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client living with HIV. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance use disorder treatment services; medical case management; pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.

Priority Setting

The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Prophylaxis

Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Provider (or service provider)

The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see subrecipient.

Quality

The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality Assurance (QA)

The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI)

Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Recipient

An organization that receives RWHAP funds directly from. Recipients may provide direct services and/or may contract with Subrecipients for services. Replaces the term "Grantee." See also Recipient Subrecipient.

Recipient-provider

An organization that receives RWHAP funds directly from HRSA HAB and provides direct client services. Replaces the term "grantee-provider."

Recipient of record (or recipient)

An organization receiving financial assistance directly from an HHS- awarding agency to carry out a project or program. A recipient also may be a recipient-provider if it provides direct services in addition to administering its grant. Replaces the term "grantee of record."

Reflectiveness

The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Representative

Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Resource Allocation

The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Resource Inventory

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-funded core medical and support services.

Ryan White HIV/AIDS Program Services Report (RSR)

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Schedule of Charges

Fees imposed on the RWHAP patient for services based on the patient's annual gross income. A schedule of charges may take the form of a flat rate or a varying rate (e.g. sliding fee scale). The schedule of charges is how you know what amount of money to charge a patient. The schedule of charges applies to uninsured patients with incomes above 100% FPL, and may be applied to insured patients as determined by RWHAP recipients' policies and procedures. When applied to insured patients, recipients should consider how their policy will be applied uniformly to all insured patients, rather than on a case-by-case basis.

Section 340B Drug Discount Program

A program administered by the HRSA's Office of Pharmacy Affairs that was established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain recipients of federal agencies.

Seroprevalence

The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Service Gaps

HIV prevention and care services for persons at risk for HIV and PLWH that do not exist in the jurisdiction.

Sexually Transmitted Disease (STD)

Socio-demographics

Demographic (e.g. race, age, gender identity, sex) and socioeconomic data (e.g. income, education, health insurance status) characteristics of individuals and communities. Also known as: SES, demographic data.

Special Projects of National Significance (SPNS)

The part of the Ryan White HIV/AIDS Program under Part F that funds demonstration and evaluation of innovative models of care delivery for hard-to-reach populations.

Statewide Coordinated Statement of Need (SCSN)

The process of identifying the needs of persons at risk for HIV infection and people living with HIV (those receiving care and those not receiving care); identifying current resources available to meet those needs, and determining what gaps in HIV prevention and care services exist. The SCSN is a culminating report which consists of information gathered through needs assessments conducted by three separate entities: RWHAP Part A Recipients, RWHAP Part B Recipients, and CDC funded recipients. Required component of the Integrated HIV Prevention and Care Plan.

Subrecipient

The legal entity that receives Ryan White HIV/AIDS Program funds from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient. Subrecipient replaces the term "Provider (or service provider)."

Substance Abuse and Mental Health Services Administration (SAMHSA) (link is external)

Federal agency within HHS that administers programs in substance abuse and mental health.

Support Services

Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Surveillance

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance Report

A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Target Population

A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA)

The delivery of practical program and technical support to the Ryan White community. TA is to assist recipients/sub-recipients, planning bodies, and affected communities in designing, implementing, and evaluating Ryan White-supported planning and primary care service delivery systems.

Transitional Grant Area (TGA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. See also Eligible Metropolitan Area, EMA.

Transmission Category

A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

Unmet Need

The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

Viral Load

In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

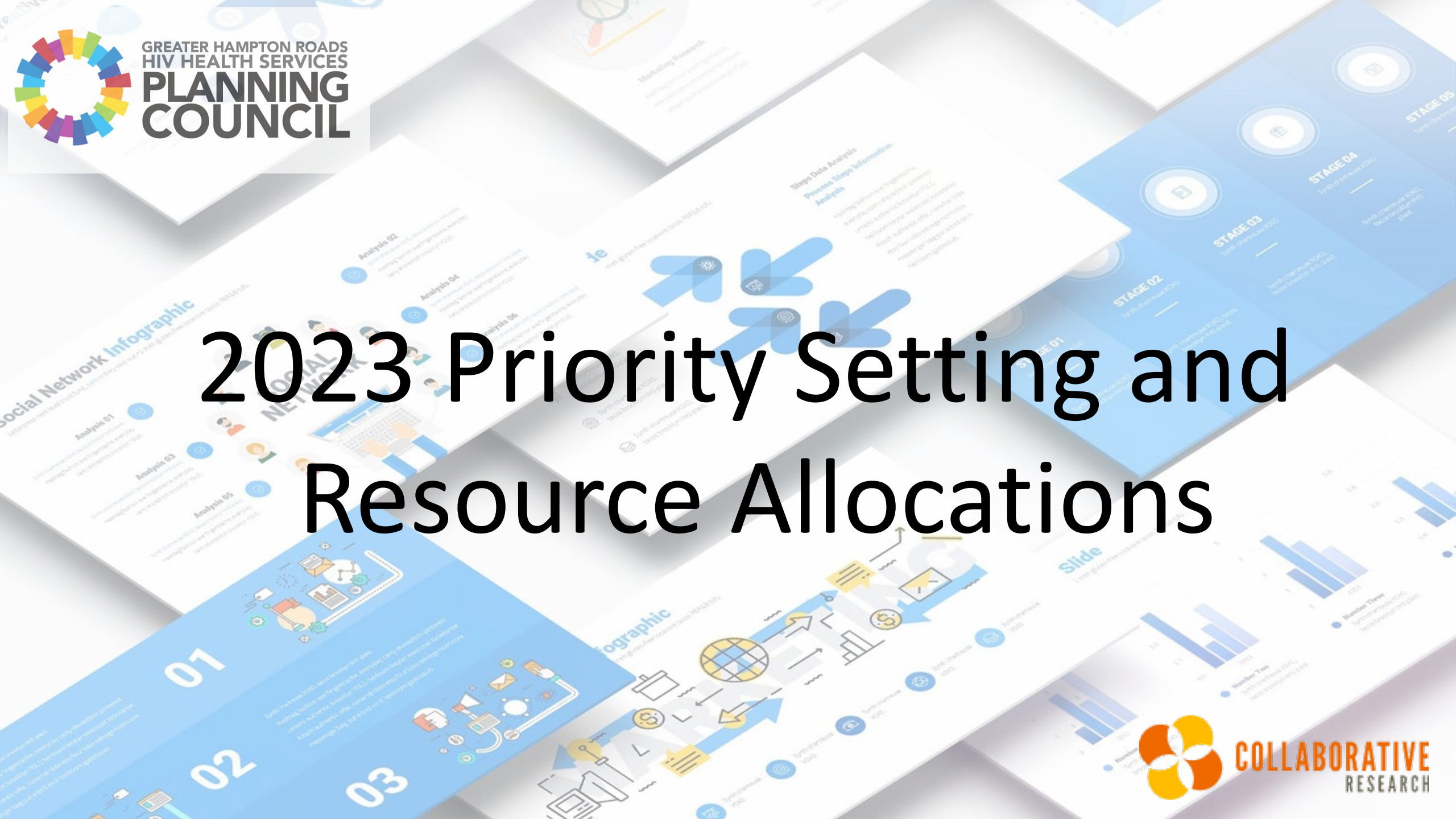
Waiver

A waiver of the imposition of charges requirement can only be requested by RWHAP recipients operating as free clinics (recipients who do not impose a charge or accept reimbursement from any third party payor are eligible to request an imposition of charges waiver). Only a handful of RWHAP recipients are operating as free clinics – therefore, every other RWHAP recipient/subrecipient should be charging patients over 100% FPL for applicable services, even if it is only \$1.

Organizations that receive funding from RWHAP and other Federal funding sources (i.e., facilities operated directly by the Indian Health Service or by Tribes through a contract with the Indian Health Service, Community Health Centers) must follow the requirements imposed by each Federal program. To the extent that services under the RWHAP are provided and attributed to the RWHAP, RWHAP statutory requirements on imposition of charges must be followed.

XML (EXtensible Markup Language)

A standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.



2023 Priority Setting and Resource Allocations

Norfolk TGA ROLES AND RESPONSIBILITIES

Based on needs assessment, utilization, and epidemiologic data—the Planning Council decides what services are most needed by people living with HIV in the TGA (priority setting) and decides how much RWHAP Part A money should be used for each of these service categories (resource allocations).

Roles/Duties of the CEO, Recipient, and Planning Council			
ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	<i>Optional</i>
Development of Service Standards		✓	✓
Clinical Quality Management		✓	<i>Contributes but not responsible</i>
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (directives)

Norfolk TGA LEGISLATIVE REQUIREMENTS

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support services, including:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs.

Norfolk TGA **LEGISLATIVE REQUIREMENTS**

75%
CORE

25%
SUPPORT

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

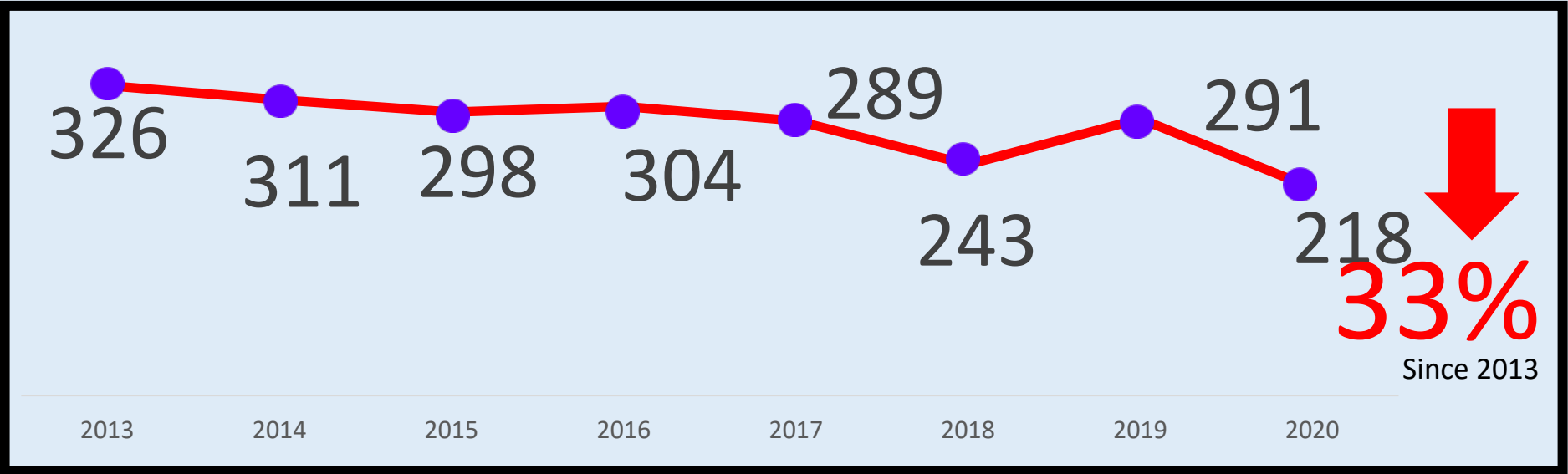
The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings;
- Information about the most successful and economical ways of providing services;
- Actual service cost and utilization data (provided by the recipient);
- Priorities of people living with HIV who will use services ;
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape; and
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the “payor of last resort” and should not pay for services that can be provided with other funding.

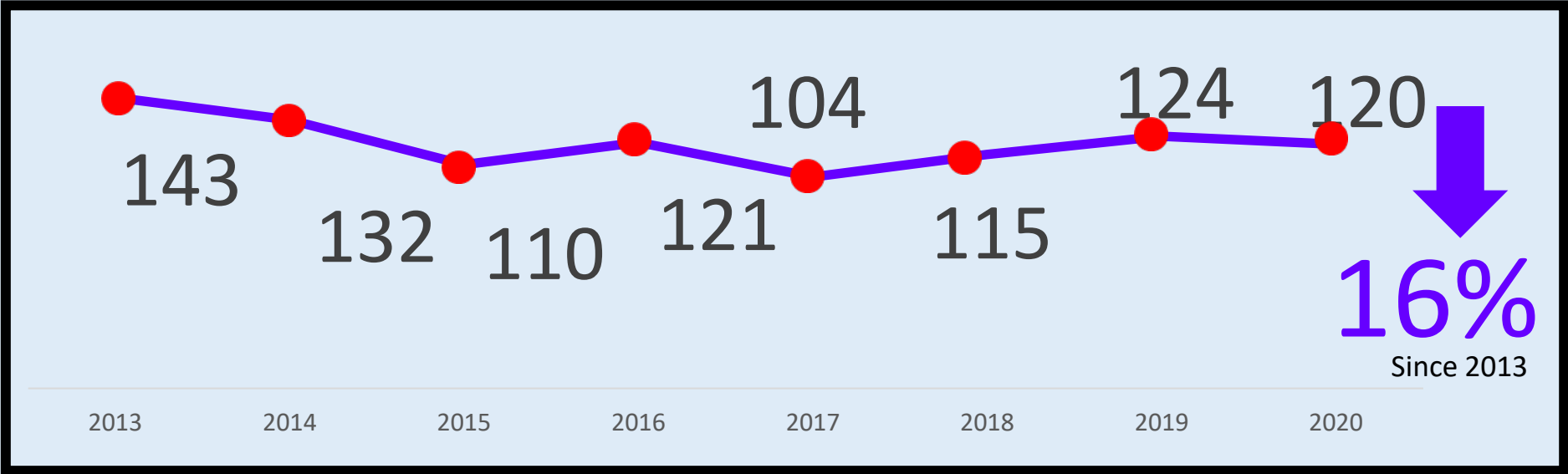


REVIEW OF DATA

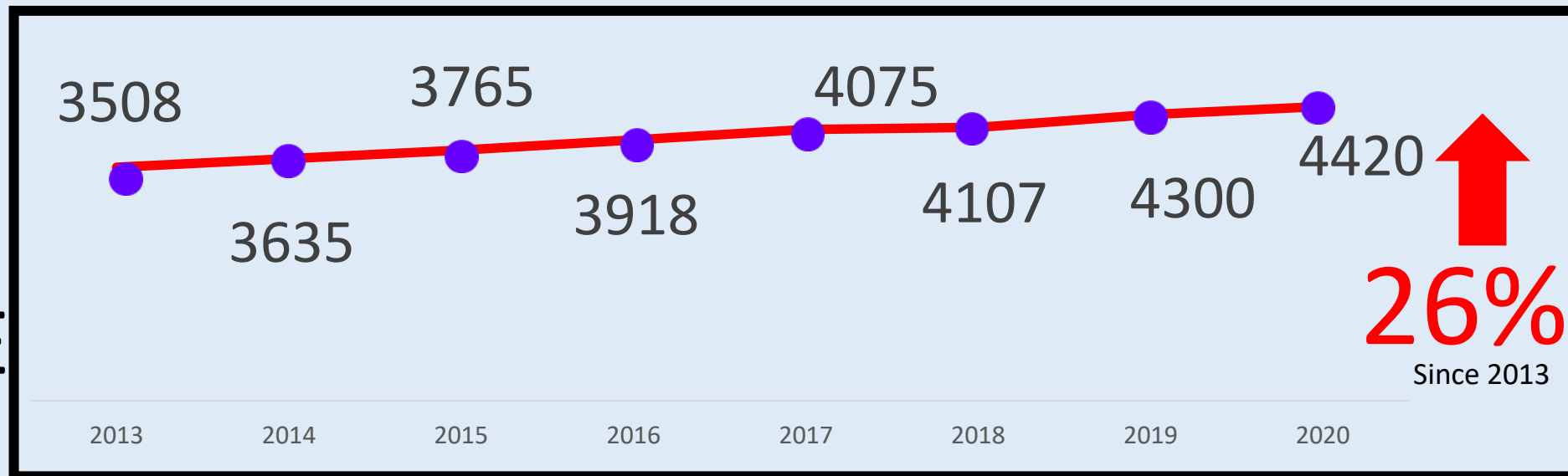
HIV
INCIDENCE



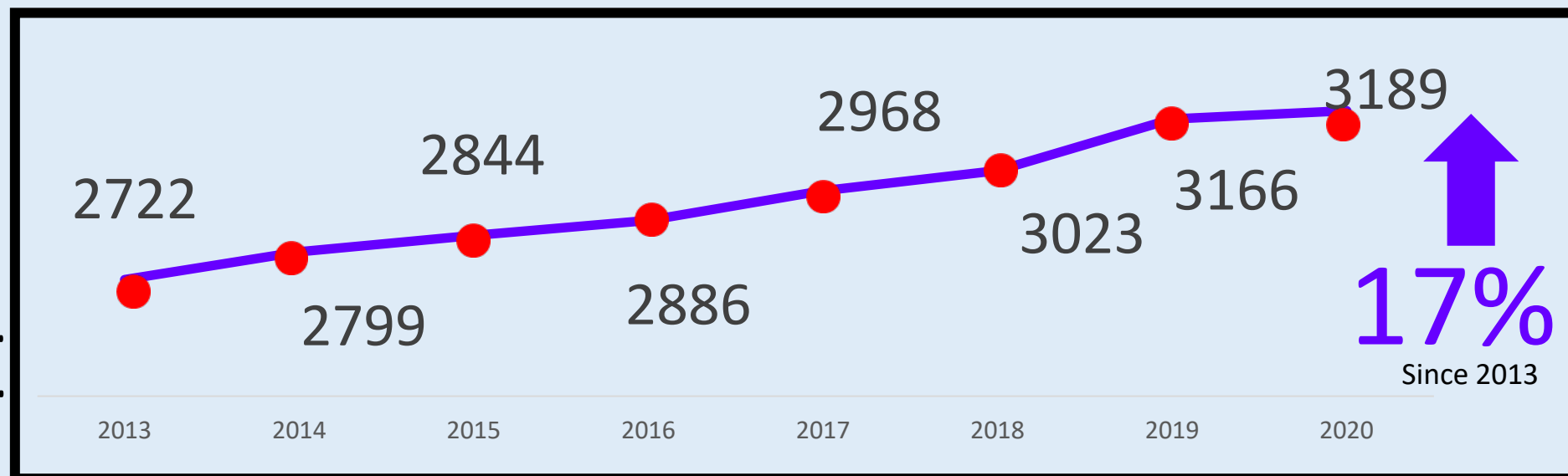
AIDS
INCIDENCE



HIV PREVALANCE



AIDS PREVALANCE

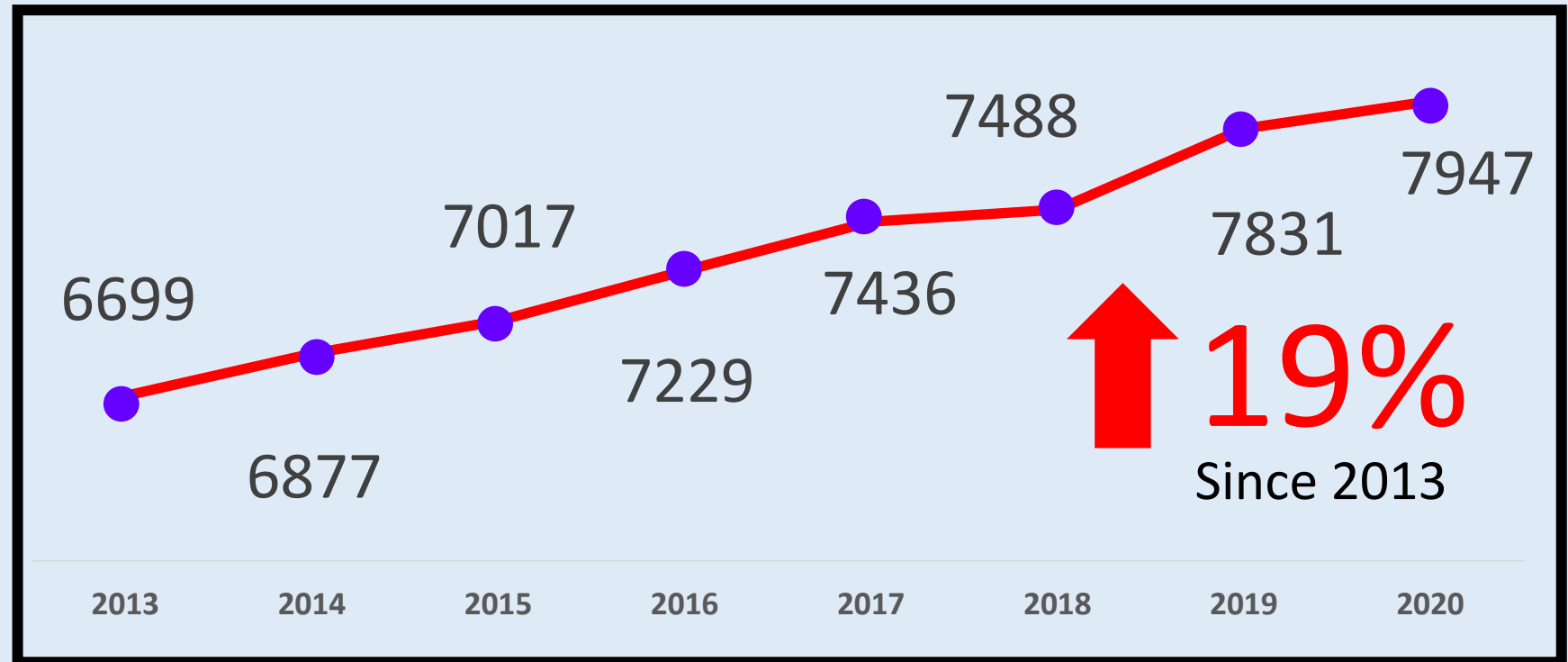


Norfolk TGA EPIDEMIOLOGICAL DATA

8



TOTAL CASES



Norfolk TGA EPIDEMIOLOGICAL DATA

TOTAL
CASES –
Race/Ethnicity

<i>Race/Ethnicity</i>	<i>2019 Total Cases</i>
White, not Hispanic	1,731
African-American, not Hispanic	5,406
Hispanic/Latino (all races)	432
Asian/Hawaiian/Pacific Islander	71
American Indian/Alaska Native	8
Multi-race /Other/ Unknown	299
Total	7,947

Data as of August 2022; Accessed August 2022, FY 2022 Ryan White Part A Grant Application HRSA-22-018; CFDA# 93.914, Attachment 3



TOTAL
CASES -
Age

Age at Diagnosis (Years) Age at Diagnosis (Incidence) and Current Age (Prevalence)	2019 Total Cases
<13 years	9
13 - 19 years	48
20 - 44 years	3,464
45 + years	4,425
Unknown	1
Total	7,947

Data as of August 2022; Accessed August 2022, FY 2022 Ryan White Part A Grant Application HRSA-22-018; CFDA# 93.914, Attachment 3



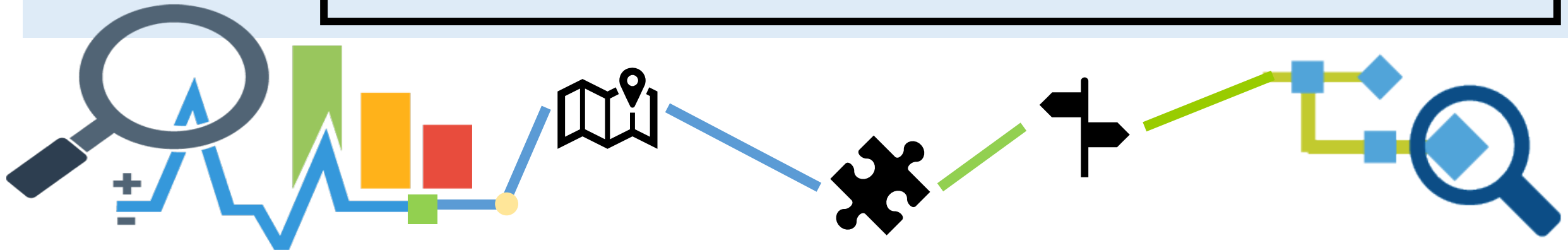
TOTAL CASES – Gender

<i>Age at Diagnosis (Years) Age at Diagnosis (Incidence) and Current Age (Prevalence)</i>	<i>2019 Total Cases</i>
Male	5,898
Female	2,049
Total	7,947

Data as of August 2022; Accessed August 2022, FY 2022 Ryan White Part A Grant Application HRSA-22-018;
CFDA# 93.914, Attachment 3

74%
MALE

26%
FEMALE

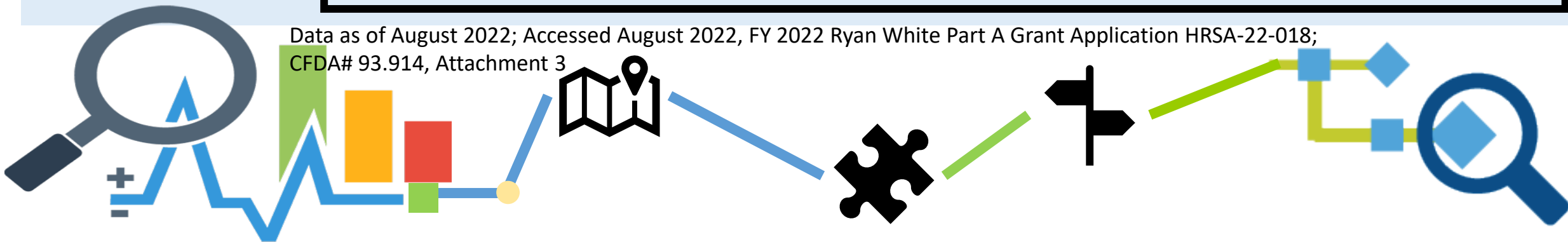


Norfolk TGA EPIDEMIOLOGICAL DATA

TOTAL
CASES –
Method of
Exposure

<i>Exposure Category</i>	<i>2019 Total Cases</i>
Men who have sex with men	3,887
Injection drug users	530
Men who have sex with men and inject drugs	242
Heterosexuals	1,357
Blood recipient (Receipt of blood transfusion/transplant, Adult received clotting factor)	14
Risk not reported or identified	1,837
Pediatric (perinatal exposure, child received transfusion/transplant, child received clotting factor, child with no reported or identified risk)	80
Total	7,947

Data as of August 2022; Accessed August 2022, FY 2022 Ryan White Part A Grant Application HRSA-22-018; CFDA# 93.914, Attachment 3



EIS

Early Intervention Services
Minority AIDS Initiative

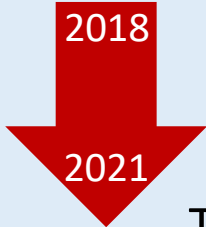
2022 Ranking	2021 Ranking	2020 Ranking
15	12	12

2018	2019	2020	2021
115	133	86	87
2,294	2,417	641	726
\$ 4,200.26	\$ 3,718.98	\$ 4,310.03	\$ 5,892.43
\$ 210.13	\$ 204.64	\$ 578.26	\$ 706.12
\$ 482,030.00	\$ 494,624.00	\$ 370,662.94	\$ 512,641.63



6%

TOTAL EXPENDED



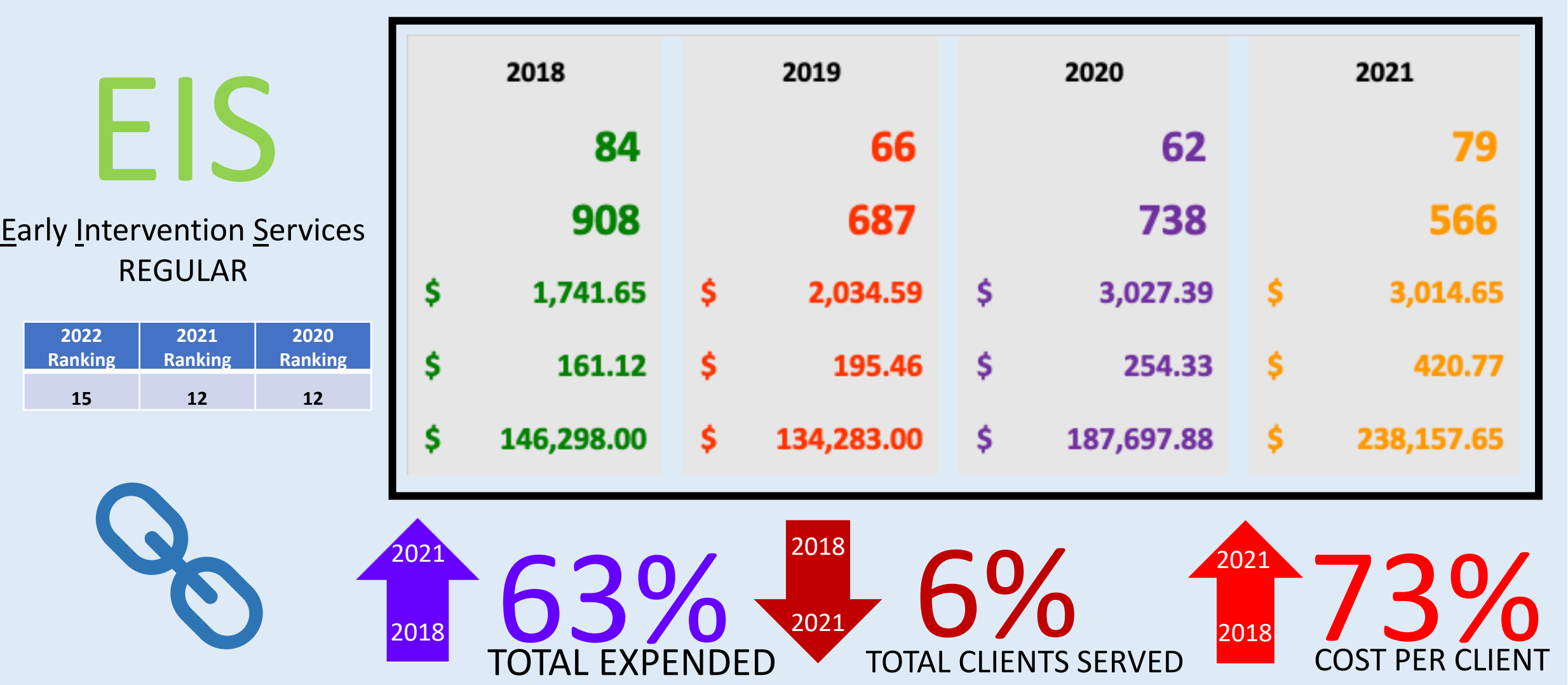
24%

TOTAL CLIENTS SERVED



40%

COST PER CLIENT



OAHHS

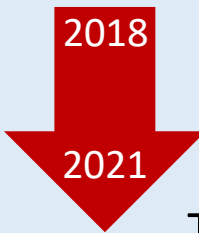
Outpatient
Ambulatory
Health Services

2022 Ranking	2021 Ranking	2020 Ranking
1	2	3

2018	2019	2020	2021
627	402	345	287
1,316	800	651	432
\$ 2,000.01	\$ 2,863.31	\$ 3,605.00	\$ 3,993.29
\$ 952.89	\$ 1,438.82	\$ 1,910.49	\$ 2,652.95
\$ 1,254,006.00	\$ 1,151,052.00	\$ 1,243,726.25	\$ 1,146,073.98



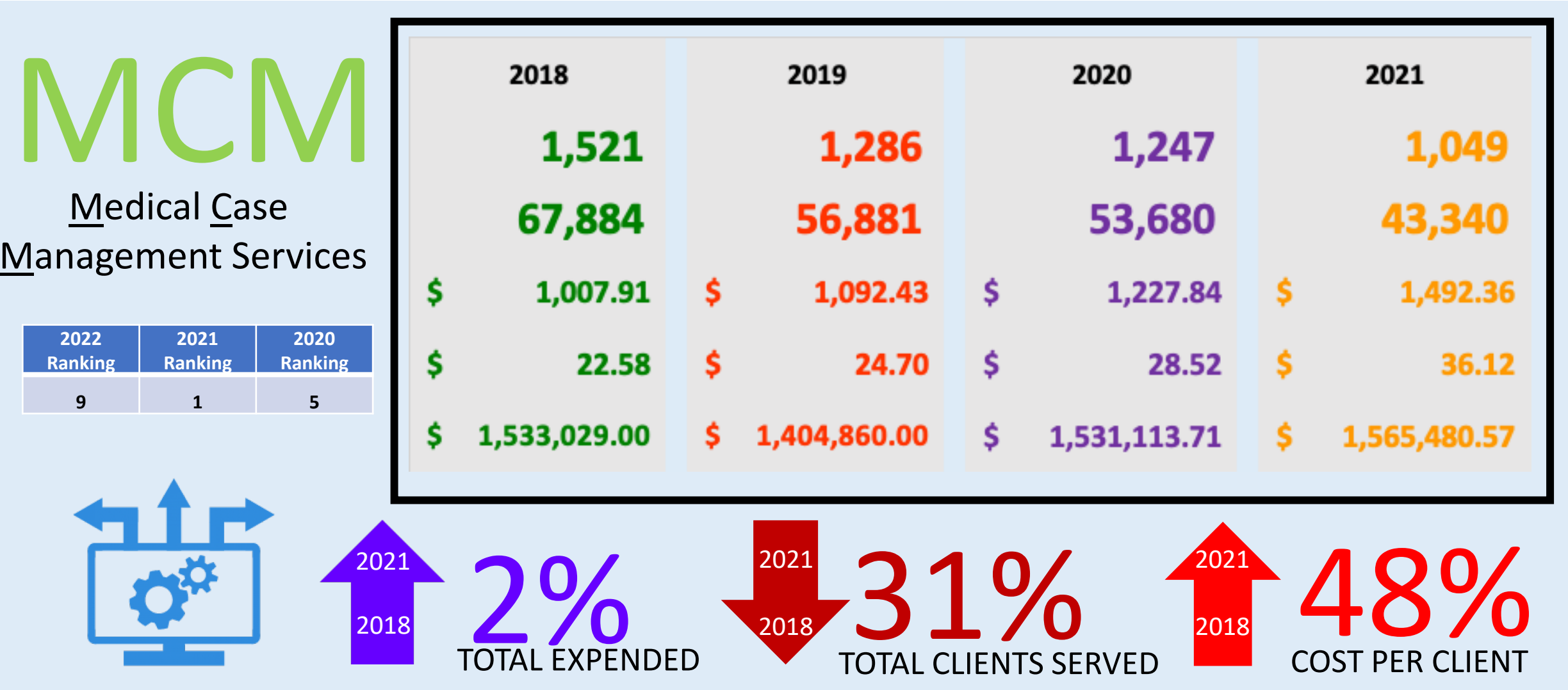
9%
TOTAL EXPENDED



54%
TOTAL CLIENTS SERVED



100%
COST PER CLIENT



HIPCSA

Health Insurance Premium
and Cost Sharing
Assistance

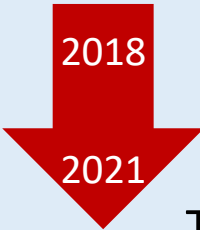
2022 Ranking	2021 Ranking	2020 Ranking
7	6	7



2018	2019	2020	2021
1,169	931	670	644
3,173	2,722	1,903	1,614
\$ 166.63	\$ 227.67	\$ 277.66	\$ 211.79
\$ 61.39	\$ 77.87	\$ 97.76	\$ 84.51
\$ 194,796.00	\$ 211,964.00	\$ 186,030.18	\$ 136,394.21



30%
TOTAL EXPENDED



45%
TOTAL CLIENTS SERVED



27%
COST PER CLIENT

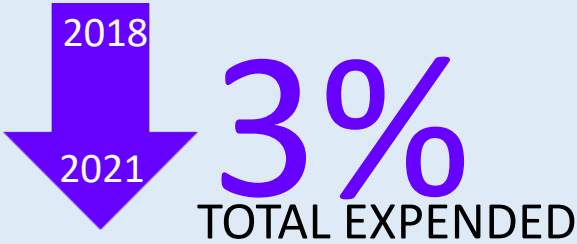
MH

Mental Health Services

2022 Ranking	2021 Ranking	2020 Ranking
2	3	1



2018	2019	2020	2021
18	20	24	20
287	316	284	307
\$ 1,614.66	\$ 1,573.55	\$ 1,566.64	\$ 1,404.31
\$ 101.27	\$ 99.59	\$ 132.39	\$ 91.49
\$ 29,064.00	\$ 31,471.00	\$ 37,599.40	\$ 28,086.20

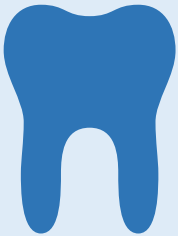


OH

Oral Health Services

2022 Ranking	2021 Ranking	2020 Ranking
12	10	9

2018	2019	2020	2021
518	468	276	323
1,851	1,647	652	950
\$ 818.88	\$ 1,014.50	\$ 1,196.32	\$ 1,228.85
\$ 229.16	\$ 288.27	\$ 506.42	\$ 417.81
\$ 424,180.00	\$ 474,788.00	\$ 330,183.34	\$ 396,917.17



2018
2021

6%

TOTAL EXPENDED

2018
2021

38%

TOTAL CLIENTS SERVED

2021
2018

50%

COST PER CLIENT

NMCM

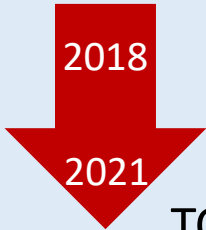
Non-Medical Case Management

2022 Ranking	2021 Ranking	2020 Ranking
	9	11

2018	2019	2020	2021
2,358	2,169	423	364
19,213	16,769	4,255	6,634
\$ 139.59	\$ 142.85	\$ 656.06	\$ 767.86
\$ 17.13	\$ 18.48	\$ 65.22	\$ 42.13
\$ 329,163.00	\$ 309,843.00	\$ 277,514.90	\$ 279,500.88



15%
TOTAL EXPENDED



85%
TOTAL CLIENTS SERVED



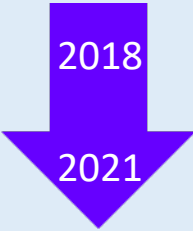
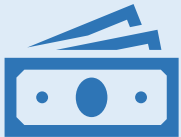
450%
COST PER CLIENT

EFA

Emergency Financial Assistance

2022 Ranking	2021 Ranking	2020 Ranking
8	8	10

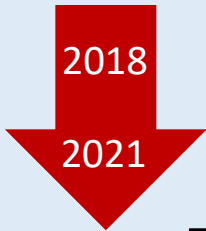
2018	2019	2020	2021
145	137	99	99
233	213	155	145
\$ 1,017.31	\$ 1,212.39	\$ 1,617.09	\$ 1,462.32
\$ 633.09	\$ 779.80	\$ 1,032.85	\$ 998.41
\$ 147,510.00	\$ 166,098.00	\$ 160,092.33	\$ 144,770.15



2018
2021

2%

TOTAL EXPENDED



2018
2021

32%

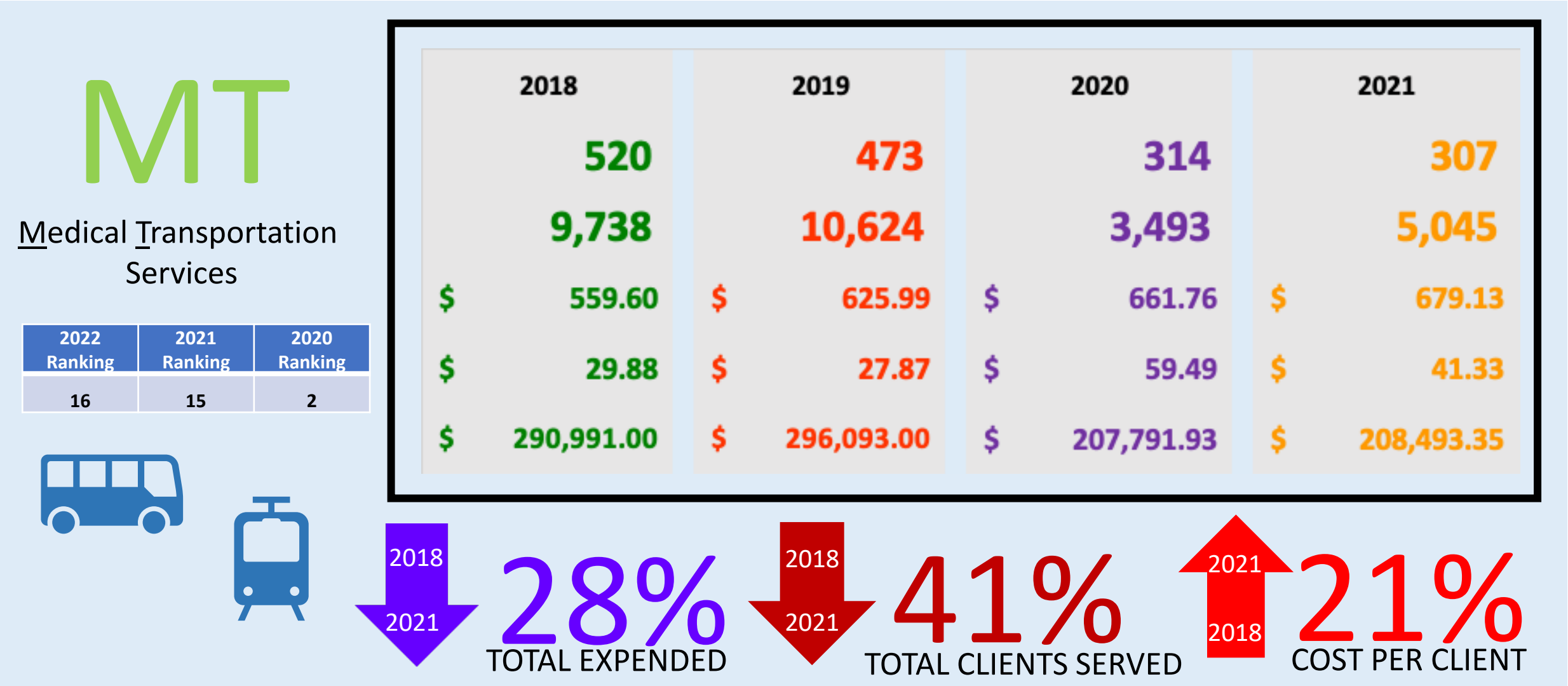
TOTAL CLIENTS SERVED



2021
2018

44%

COST PER CLIENT



FB

Food Bank /
Home Delivered
Meals

2022 Ranking	2021 Ranking	2020 Ranking
4	5	8

2018	2019	2020	2021
386	312	356	169
2,516	1,540	1,361	2,018
\$ 151.70	\$ 283.81	\$ 189.87	\$ 579.48
\$ 23.28	\$ 57.50	\$ 49.66	\$ 48.53
\$ 58,577.00	\$ 88,550.00	\$ 67,592.00	\$ 97,931.54



2021
2018

67%

TOTAL EXPENDED

2018
2021

56%

TOTAL CLIENTS SERVED

2021
2018

282%

COST PER CLIENT

RHSS

Referral for
Healthcare and
Support Services

2022 Ranking	2021 Ranking	2020 Ranking
20	16	26



2018	2019	2020	2021
Not Funded This Year	Not Funded This Year	1,398 9,599 \$ 29.81 \$ 4.34 \$ 41,680.72	1,329 6,433 \$ 28.43 \$ 5.87 \$ 37,777.91

2020

2021

9%

TOTAL EXPENDED

2020

2021

5%

TOTAL CLIENTS SERVED

2020

2021

5%

COST PER CLIENT

Questions?





Department of Health and Human Services
Health Resources and Services Administration

Notice of Award
FAIN# **H8900053**
Federal Award Date: **05/20/2022**

Recipient Information

1. Recipient Name
CITY OF NORFOLK
710 Monticello Ave
Norfolk, VA 23510-2524
2. Congressional District of Recipient
03
3. Payment System Identifier (ID)
1546001455A6
4. Employer Identification Number (EIN)
546001455
5. Data Universal Numbering System (DUNS)
074740069
6. Recipient's Unique Entity Identifier
RS6DCM873FA3
7. Project Director or Principal Investigator
Christine Carroll
Program Manager
Christine.Carroll@norfolk.gov
(757)823-4405
8. Authorized Official

Federal Agency Information

9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ISmith@hrsa.gov
(301) 443-2096
10. Program Official Contact Information
Kristina Barney
Project Officer
HIV/AIDS Bureau (HAB)
kbarney@hrsa.gov
(301) 945-3976

Federal Award Information

11. Award Number
6 H89HA00053-24-01
12. Unique Federal Award Identification Number (FAIN)
H8900053
13. Statutory Authority
42 U.S.C. § 300ff-11-20; 300ff-121
14. Federal Award Project Title
HIV EMERGENCY RELIEF PROJECT GRANTS
15. Assistance Listing Number
93.914
16. Assistance Listing Program Title
HIV Emergency Relief Project Grants
17. Award Action Type
Administrative
18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023
20. Total Amount of Federal Funds Obligated by this Action \$3,837,195.00
 - 20a. Direct Cost Amount
 - 20b. Indirect Cost Amount
21. Authorized Carryover \$0.00
22. Offset \$0.00
23. Total Amount of Federal Funds Obligated this budget period \$5,762,865.00
24. Total Approved Cost Sharing or Matching, where applicable \$0.00
25. Total Federal and Non-Federal Approved this Budget Period \$5,762,865.00
26. Project Period Start Date 03/01/2022 - End Date 02/28/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period \$5,762,865.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 05/20/2022

30. Remarks

This award includes the following sources of funding:

FY20 MAI - \$104,453.00
FY20 Formula - \$440.00
FY20 Supplemental- \$303,173.00
FY22 MAI- \$421,177.00
FY22 Formula- \$3,480,629.00
FY22 Supplemental- \$1,452,993.00
Total Funding - \$5,762,865.00



Notice of Award
Award Number: 6 H89HA00053-24-01
Federal Award Date: 05/20/2022

HIV/AIDS Bureau (HAB)

<div><div>31. APPROVED BUDGET: (Excludes Direct Assistance)</div><div><div><input checked="" type="checkbox"/> Grant Funds Only</div><div><input type="checkbox"/> Total project costs including grant funds and all other financial participation</div></div><table><tr><td>a. Salaries and Wages:</td><td>\$0.00</td></tr><tr><td>b. Fringe Benefits:</td><td>\$0.00</td></tr><tr><td>c. Total Personnel Costs:</td><td>\$0.00</td></tr><tr><td>d. Consultant Costs:</td><td>\$0.00</td></tr><tr><td>e. Equipment:</td><td>\$0.00</td></tr><tr><td>f. Supplies:</td><td>\$0.00</td></tr><tr><td>g. Travel:</td><td>\$0.00</td></tr><tr><td>h. Construction/Alteration and Renovation:</td><td>\$0.00</td></tr><tr><td>i. Other:</td><td>\$0.00</td></tr><tr><td>j. Consortium/Contractual Costs:</td><td>\$0.00</td></tr><tr><td>k. Trainee Related Expenses:</td><td>\$0.00</td></tr><tr><td>l. Trainee Stipends:</td><td>\$0.00</td></tr><tr><td>m. Trainee Tuition and Fees:</td><td>\$0.00</td></tr><tr><td>n. Trainee Travel:</td><td>\$0.00</td></tr><tr><td>o. TOTAL DIRECT COSTS:</td><td>\$5,762,865.00</td></tr><tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC):</td><td>\$0.00</td></tr><tr><td>q. TOTAL APPROVED BUDGET:</td><td>\$5,762,865.00</td></tr><tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr><tr><td> ii. Federal Share:</td><td>\$5,762,865.00</td></tr></table></div>	a. Salaries and Wages:	\$0.00	b. Fringe Benefits:	\$0.00	c. Total Personnel Costs:	\$0.00	d. Consultant Costs:	\$0.00	e. Equipment:	\$0.00	f. Supplies:	\$0.00	g. Travel:	\$0.00	h. Construction/Alteration and Renovation:	\$0.00	i. Other:	\$0.00	j. Consortium/Contractual Costs:	\$0.00	k. Trainee Related Expenses:	\$0.00	l. Trainee Stipends:	\$0.00	m. Trainee Tuition and Fees:	\$0.00	n. Trainee Travel:	\$0.00	o. TOTAL DIRECT COSTS:	\$5,762,865.00	p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00	q. TOTAL APPROVED BUDGET:	\$5,762,865.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$5,762,865.00	<div><div>33. RECOMMENDED FUTURE SUPPORT:</div><div>(Subject to the availability of funds and satisfactory progress of project)</div><table><tr><th>YEAR</th><th>TOTAL COSTS</th></tr><tr><td>25</td><td>\$1,925,670.00</td></tr><tr><td>26</td><td>\$1,925,670.00</td></tr></table><div>34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)</div><table><tr><td>a. Amount of Direct Assistance</td><td>\$0.00</td></tr><tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>c. Less Cumulative Prior Award(s) This Budget Period</td><td>\$0.00</td></tr><tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td>\$0.00</td></tr></table><div>35. FORMER GRANT NUMBER</div><div>36. OBJECT CLASS</div><div>41.15</div><div>37. BHCNIS#</div></div>	YEAR	TOTAL COSTS	25	\$1,925,670.00	26	\$1,925,670.00	a. Amount of Direct Assistance	\$0.00	b. Less Unawarded Balance of Current Year's Funds	\$0.00	c. Less Cumulative Prior Award(s) This Budget Period	\$0.00	d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
a. Salaries and Wages:	\$0.00																																																				
b. Fringe Benefits:	\$0.00																																																				
c. Total Personnel Costs:	\$0.00																																																				
d. Consultant Costs:	\$0.00																																																				
e. Equipment:	\$0.00																																																				
f. Supplies:	\$0.00																																																				
g. Travel:	\$0.00																																																				
h. Construction/Alteration and Renovation:	\$0.00																																																				
i. Other:	\$0.00																																																				
j. Consortium/Contractual Costs:	\$0.00																																																				
k. Trainee Related Expenses:	\$0.00																																																				
l. Trainee Stipends:	\$0.00																																																				
m. Trainee Tuition and Fees:	\$0.00																																																				
n. Trainee Travel:	\$0.00																																																				
o. TOTAL DIRECT COSTS:	\$5,762,865.00																																																				
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00																																																				
q. TOTAL APPROVED BUDGET:	\$5,762,865.00																																																				
i. Less Non-Federal Share:	\$0.00																																																				
ii. Federal Share:	\$5,762,865.00																																																				
YEAR	TOTAL COSTS																																																				
25	\$1,925,670.00																																																				
26	\$1,925,670.00																																																				
a. Amount of Direct Assistance	\$0.00																																																				
b. Less Unawarded Balance of Current Year's Funds	\$0.00																																																				
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00																																																				
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																																				
<div>32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</div> <table><tr><td>a. Authorized Financial Assistance This Period</td><td>\$5,762,865.00</td></tr><tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr><tr><td> i. Additional Authority</td><td>\$0.00</td></tr><tr><td> ii. Offset</td><td>\$0.00</td></tr><tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr><tr><td>d. Less Cumulative Prior Award(s) This Budget Period</td><td>\$1,925,670.00</td></tr><tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$3,837,195.00</td></tr></table>		a. Authorized Financial Assistance This Period	\$5,762,865.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Award(s) This Budget Period	\$1,925,670.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$3,837,195.00																																						
a. Authorized Financial Assistance This Period	\$5,762,865.00																																																				
b. Less Unobligated Balance from Prior Budget Periods																																																					
i. Additional Authority	\$0.00																																																				
ii. Offset	\$0.00																																																				
c. Unawarded Balance of Current Year's Funds	\$0.00																																																				
d. Less Cumulative Prior Award(s) This Budget Period	\$1,925,670.00																																																				
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$3,837,195.00																																																				
<div>38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:</div> <div>a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.</div>																																																					
<div>39. ACCOUNTING CLASSIFICATION CODES</div> <table><tr><th>FY-CAN</th><th>CFDA</th><th>DOCUMENT NUMBER</th><th>AMT. FIN. ASST.</th><th>AMT. DIR. ASST.</th><th>SUB PROGRAM CODE</th><th>SUB ACCOUNT CODE</th></tr><tr><td>22 - 3771356</td><td>93.914</td><td>22H89HA00053</td><td>\$1,726,459.00</td><td>\$0.00</td><td>FRML</td><td>22H89HA00053</td></tr><tr><td>20 - 3779208</td><td>93.914</td><td>22H89HA00053</td><td>\$440.00</td><td>\$0.00</td><td>FRML</td><td>22H89HA00053</td></tr><tr><td>22 - 3771357</td><td>93.914</td><td>22H89HA00053</td><td>\$1,452,993.00</td><td>\$0.00</td><td>SUPPL</td><td>22H89HA00053</td></tr><tr><td>20 - 3779209</td><td>93.914</td><td>22H89HA00053</td><td>\$303,173.00</td><td>\$0.00</td><td>SUPPL</td><td>22H89HA00053</td></tr><tr><td>22 - 3771355</td><td>93.914</td><td>22H89HA00053</td><td>\$249,677.00</td><td>\$0.00</td><td>MAI</td><td>22H89HA00053</td></tr><tr><td>20 - 3779207</td><td>93.914</td><td>22H89HA00053</td><td>\$104,453.00</td><td>\$0.00</td><td>MAI</td><td>22H89HA00053</td></tr></table>		FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE	22 - 3771356	93.914	22H89HA00053	\$1,726,459.00	\$0.00	FRML	22H89HA00053	20 - 3779208	93.914	22H89HA00053	\$440.00	\$0.00	FRML	22H89HA00053	22 - 3771357	93.914	22H89HA00053	\$1,452,993.00	\$0.00	SUPPL	22H89HA00053	20 - 3779209	93.914	22H89HA00053	\$303,173.00	\$0.00	SUPPL	22H89HA00053	22 - 3771355	93.914	22H89HA00053	\$249,677.00	\$0.00	MAI	22H89HA00053	20 - 3779207	93.914	22H89HA00053	\$104,453.00	\$0.00	MAI	22H89HA00053			
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																															
22 - 3771356	93.914	22H89HA00053	\$1,726,459.00	\$0.00	FRML	22H89HA00053																																															
20 - 3779208	93.914	22H89HA00053	\$440.00	\$0.00	FRML	22H89HA00053																																															
22 - 3771357	93.914	22H89HA00053	\$1,452,993.00	\$0.00	SUPPL	22H89HA00053																																															
20 - 3779209	93.914	22H89HA00053	\$303,173.00	\$0.00	SUPPL	22H89HA00053																																															
22 - 3771355	93.914	22H89HA00053	\$249,677.00	\$0.00	MAI	22H89HA00053																																															
20 - 3779207	93.914	22H89HA00053	\$104,453.00	\$0.00	MAI	22H89HA00053																																															

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award provides the offset of an unobligated balance in the amount of \$408,066 from 03/1/2020-02/28/2021 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.
2. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients. Guidance for compliance is detailed in the National Monitoring Standards for RWHAP recipients. (<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>). Note: this term supersedes Program Specific term #21 included in your initial fiscal year 2022 (FY22) Notice of Award.
3. The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR § 75.352, requires recipients to monitor the activities of subrecipients to ensure funding is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as to ensure that performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds. To meet the monitoring requirements, RWHAP Parts A and B recipients must conduct annual subrecipient site visits. Note: this term supersedes Program Specific term #24 included in your initial fiscal year 2022 (FY22) Notice of Award.

Program Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY2022 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
2. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs within 150 days prior to the budget period end date. Please refer to HRSA EHBs for the specific due date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds. Note: this term supersedes Grant Specific term #1 included in your initial fiscal year 2022 (FY22) Notice of Award.

Reporting Requirement(s)

1. Due Date: Within 60 Days of Award Release Date

The recipient must submit a FY 2022 Program Submission no later than 60 days after receipt of the final award, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

2. Due Date: 12/09/2022

The recipient must submit the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026, consistent with the Centers for Disease Control and Prevention and Health Resources and Services Administration's Integrated HIV Prevention and Care Plan Guidance, including the Statement Coordinated Statement of Need, CY 2022-2026. The guidance is available online: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/integrated-hiv-guidance-6-2021.pdf>.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Marsha D Butler	Employee	marsha.butler@norfolk.gov
Robert L Hargett	Business Official	robert.hargett@norfolk.gov
Christine Carroll	Program Director	christine.carroll@norfolk.gov

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

HAB: Ryan White HIV/AIDS Program Part A HIV Emergency
Relief Grant Program

Objective Review Committee Final Summary Statement

Score: 94

Application Number: 198441

Application Name: Norfolk, City of

State: VA City: Norfolk

NEED

Demonstrated Need

Criterion 1.1.1: Epidemiological Profile

Strength:

The applicant organization thoroughly provides data and resources that cite the HIV/AIDS epidemic in the target area.

Weakness:

None

Criterion 1.1.2: HIV Care Continuum

Strength:

The application provides a continuum of care chart that clearly shows a graphic for each step of the diagnosis-based HIV care continuum, which is based on Centers for Disease Control and Prevention (CDC) surveillance data.

Weakness:

None

Criterion 1.1.3: Unmet Need

Strength:

The application effectively demonstrates a complete, clear Unmet Need Framework that includes methodology, description of needs among hard-to-reach populations, co-occurring conditions, and citations.

Health Resources and Services Administration

HRSA-22-018

The applicant organization provides a clear graphic depiction for the unmet needs with the timeframes, percentages, and population in the selected jurisdictions.

Weakness:

None

Criterion 1.1.4: Co-Occurring Conditions

Strength:

The applicant organization comprehensively describes the co-occurring conditions in a table and narrative that quantifies each case in the service area.

Weakness:

None

Criterion 1.1.5: Complexities of Providing Care

Strength:

The application provides a concise discussion of the complexities of providing care concurrent with funding levels and a discussion of the health care coverage options available.

The applicant organization clearly demonstrates an in-depth understanding of the funding reduction issues and includes descriptions of cost containment measures, response to the reduction in funding, and transitional care planning.

Weakness:

None

Criterion 1.1.6: Subpopulations of Focus

Strength:

The application clearly designates the subpopulations of focus, identifies specific needs for the subpopulations, and shows how methodology and data were used to inform the determination of unmet needs.

The applicant organization distinctively identifies how data in the Unmet Need Framework inform the process of identifying the subpopulations of focus.

Weakness:

None

Criterion 1.2: Early Identification of Individuals with HIV/AIDS (EIIHA)

Strength:

The application provides a robust description of the proposed primary early identification of individuals with HIV/AIDS (EIIHA) activities, including system-level interventions, collaborations with other programs/agencies, anticipated outcomes, plans to address legal barriers, and alignment with the needs previously identified for the populations of focus. Detailed charts of all proposed EIIHA activities cross-walked with each subpopulation of focus are included.

The application provides a thorough discussion of opt-in or opt-out testing approaches and the program/policy efforts to expand testing.

Weakness:

None

RESPONSE

Criterion 2.1: Methodology

Strength:

The application provides a concise description of how services will be coordinated across the project and how diverse funding streams will be used to accomplish project objectives.

The applicant organization lists the Planning Council (PC) as the responsible lead for setting the priorities, providing assurance, and meeting the legislative responsibilities based on the comprehensive needs assessment.

Weakness:

None

Work Plan

Criterion 2.2.1: Service Category Plan Table (Attachment 9)

Strength:

The application provides a comprehensive service category plan illustrating how RWHAP Part A and MAI medical and support services are allocated for 2021 and anticipated for 2022, the priority for each service category, and the expected number of individuals that will be served including the units of service necessary to meet the identified and expected needs of those individuals.

Weakness:

None

Criterion 2.2.2: MAI Service Category Plan Narrative

Strength:

The application clearly describes how the needs of the sub-populations will be met through population-tailored services including the needed MAI Services.

The applicant organization Minority AIDS Initiative (MAI) Service Category Plan table clearly describes the unique needs of the subpopulation of focus with goals, activities, and proposed outcomes.

Weakness:

None

Criterion 2.2.3: Unmet Need

Strength:

The application effectively describes how the activities related to re-engaging individuals with unmet need into care clearly intersect with the Ending the HIV Epidemic national program, take into account during planning/implementation.

Weakness:

None

Criterion 2.3: Resolution of Challenges

Strength:

The application clearly provides a thorough Resolution of Challenges Table with all required elements that outlines challenges/barriers, as well as the strength and feasibility of approaches to resolve each of these barriers.

Weakness:

None

Criterion 3: EVALUATIVE MEASURES

Strength:

The application thoroughly outlines the changes made to the clinical quality management (CQM) program and how data have improved patient care, health outcomes, patient satisfaction, and updates to service delivery.

Weakness:

None

Criterion 4: IMPACT

Strength:

The applicant organization clearly provides a comprehensive HIV Care Continuum Services Table that includes each step of the continuum represented as a percentage of the number of people with diagnosed HIV, baseline indicators, desired target outcomes, and how RWHAP-funded services will achieve the anticipated targets.

Weakness:

None

RESOURCES/CAPABILITIES

Criterion 5.1: Program Organization

Strength:

A clearly detailed project staffing plan and organizational chart fully demonstrate the capacity to carry out the proposed project activities.

Weakness:

None

Criterion 5.2: Recipient Accountability

Strength:

The applicant organization clearly demonstrates how the subrecipient monitoring, tracking, and oversight activities were performed to ensure fiscal and program compliance, including appropriate processes and pursuance of third-party reimbursement.

Weakness:

None

Criterion 6: SUPPORT REQUESTED

Strength:

The application clearly provides a detailed budget/justification for the proposed project that includes reasonable costs and activities, which are aligned with the complexities, needs, and anticipated impacts of the overall project.

Health Resources and Services Administration
HRSA-22-018

Weakness:

None

Instructions for Submitting the Fiscal Year (FY) 2023 Non-Competing Continuation (NCC) Progress Report for the Ryan White HIV/AIDS Program (RWHAP) Part A HIV Emergency Relief Grant Program

Section 3 – Letter of Assurance from Planning Council Chair(s) or Concurrence from Planning Body Leadership/Chair(s) (Attachment 3)

The purpose of this section is to document the existence of a functioning planning and community input process in the EMA/TGA, which is consistent with RWHAP legislative and HRSA HAB program requirements. Section 2602(b)(1)-(4) of the PHS Act delineates the responsibilities of the Planning Council (PC). Section 2609(d)(1) of the PHS Act outlines the responsibilities of the Planning Body (PB). The RWHAP Part A Planning Council and Planning Body Requirements and Expectations Program Letter further clarifies HRSA HAB requirements and expectations for the PC/PB.

A planning process is imperative for effective local and state decision-making to develop systems of HIV prevention and care that are responsive to the needs of people with or at risk for HIV. HRSA and CDC support activities that facilitate collaboration and/or a joint planning body to address prevention and care. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States.

Provide a letter of assurance signed by the PC chair(s) or a letter of concurrence signed by PB leadership/chair(s) as Attachment 3. The letter must address the following:

A. Planning:

1. The year your most recent comprehensive needs assessment was conducted
2. Participation in comprehensive planning process (i.e., Integrated HIV Prevention and Care Plan) for the jurisdiction, including the statewide coordinated statement of need (SCSN)

B. Priority Setting and Resource Allocation (PSRA):

1. Data (e.g., comprehensive needs assessment, HIV care continuum, unmet need framework estimates, and epidemiological profile) that were used in the FY 2023 priority setting and allocation process to ensure that:
 - a. Needs of the populations with HIV were addressed (including those with unmet need for HIV-related services, disparities in access and services among affected subpopulations and historically underserved communities, and those unaware of their HIV status)
 - b. Resources were allocated in accordance with the local demographic incidence of HIV, including appropriate allocations for services for women, infants, children, and youth
2. People with HIV were involved in the planning and allocation processes and their recommendations were included as applicable
3. FY 2022 budget period formula, supplemental, and MAI funds awarded to the EMA/TGA were expended according to the priorities established by the PC/PB
4. Confirmation that all RWHAP HIV core medical and support services were prioritized during the PSRA process per sections 2602(b)(4)(C) and 2602(d)(1) of the PHS Act

Appendix B

Geographic Service Areas

NCC Progress Report submissions must propose to serve the entire service area, as defined here in Appendix B.

The “Total Funding Ceiling” column identifies the total funding available for the delivery of comprehensive HIV primary health care and support services for people with lower incomes and/or uninsured for each service area.

The Total Funding Ceiling includes the Part A Funding Ceiling and MAI Funding Ceiling; do not combine these amounts when developing your budget.

Current TGA Recipient	City	State	Service area	Part A Funding Ceiling (Formula + Supplemental)	MAI Funding Ceiling	Total Funding Ceiling
Norfolk TGA*	Norfolk	VA	VA: Chesapeake City, Gloucester County, Hampton City, Isle of Wight County, James City County, Mathews County, Newport News City, Norfolk City, Poquoson City, Portsmouth City, Suffolk City, Virginia Beach City, Williamsburg City, and York County NC: Currituck County	\$5,499,097	\$551,912	\$6,051,008



AGENDA

2023-2024 Priority Setting and Resource Allocations

Mandatory Data Training and Workshop

Thursday, September 1, 2022

ZOOM TELECONFERENCING

9:00a.m. – 1:00p.m

To Join Via Computer/Tablet/Smart Phone:

<https://us02web.zoom.us/j/82554249281?pwd=TDJOZzVUNUJpVExwT3dLa3RTbnludz09>

To Join Via Cell Phone/Telephone:

Dial (669) 900-6833 Meeting ID: 825 5424 9281 Password: 333052

I. Call to Order and Roll Call.

The Chair will call the meeting to order and establish a quorum by roll call. The Chair will ask members to announce their first and last name and if they have a conflict of interest for the record.

II. Welcome and Introduction of Guest(s).

The Chair will welcome everyone to the meeting and remind attendees to please mute their mobile devices or conference line unless they are called upon to speak. Attendees may use the “Raise Your Hand” option in the participant’s panel to signal that they wish to speak. The Chair will call upon the attendee when it is their turn to speak. The Chair will ask guests of the meeting to announce their first and last names for the record.

III. Moment of Silence.

The Chair will ask members and guests to recognize a moment of reflection and respect.

IV. Public Comment. *(Discussion, all matters in this item are informational only).*

This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until it has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. If you wish to comment on the Phone or Computer: Please raise your hand through the participant chat, wait to be called upon, and clearly state your first and last names for the record.

V. Priority Setting Data Review and Determine GY 2023 Service Priorities. *(Discussion and for possible action)*

Planning Council members will review the priority setting data, rank data sets, and approve the GY2023 service priorities.

VI. Resource Allocation Data Review and Determine GY 2023 Allocations. *(Discussion and for possible action)*

Planning Council members will review the resource allocation data, discuss Recipient recommendations, and move to approve GY 2023 service allocations.

VII. Ryan White Part A Recipients Report. *(Discussion and for possible action)*

The Chair will recognize a representative from the Ryan White Part A Recipient’s Office to give a TGA update/report.

VIII. Announcements by Member. *(Discussion, all matters in this item are informational only).*

Planning Council members can make announcements unrelated to the Council’s legislative mandates or agenda items considered for today’s meeting. Members of the Planning Council cannot propose, discuss, deliberate, or act on any matter voiced during this time.


IX. Public Comment. *(Discussion, all matters in this item are informational only).*

This is a period devoted to comments and discussion by the public about items listed on this agenda. No action may be taken on a matter raised under this item of the agenda until it has been included specifically on the agenda as an item upon which action will be taken. Comments will be limited to three minutes per person. If you wish to comment on the Phone or Computer: Please raise your hand through the participant chat, wait to be called upon, and clearly state your first and last names for the record.


X. Adjournment

Anyone desiring supporting documentation or additional information is invited to call Deryk Jackson, Planning Council Support Staff at (888) 571-0001 x107 or via email at deryk@collaborativeresearch.us.


GY23 Norfolk TGA
Priority Setting Data Review

Service Category	Service Category Ranking by Data Source			
DATA SOURCES 	2021 Service Utilization	2020 Service Utilization	2020 VDH COVID-19 HIV Care Services STATEWIDE (n=150)	2020 VDH COVID-19 HIV Care Services STATEWIDE (n=150)
ADAP	28	28	6	4
Case Management Non-Medical	4	4	28	28
Child Care Services	28	28	28	10
Early Intervention Services	10	9	28	28
Emergency Financial Assistance	9	10	28	28
Food Bank / Home Delivered Meals	8	5	1	1
Health Education / Risk Reduction	28	28	28	9
Health Insurance Premium & Cost Sharing	3	3	28	28
Home and Community-Based Health Services	28	28	28	28
Home Health Care	28	28	28	28
Hospice Services	28	28	28	28
Housing Services	28	28	3	3
Linguistic Services	28	28	28	28
Local AIDS Pharmaceutical Assistance Program (LPAP)	28	11	6	4
Medical Case Management	2	2	28	28
Medical Nutrition Therapy	28	28	28	28
Medical Transportation	6	7	8	7
Mental Health Services	11	12	4	8
Oral Health Care	5	8	28	28
Other Professional Services (Legal, Permanency Planning)	28	28	28	28
Outpatient/Ambulatory Medical Care	7	6	2	2
Outreach Services	28	28	28	28
Psychosocial Support Services	28	28	4	6
Referral for Healthcare and Support Services	1	1	28	28
Rehabilitation Services	28	28	28	28
Respite Care	28	28	28	28
Substance Use Services - Residential	28	28	28	28
Substance Use Services-Outpatient	28	28	28	28
Denotes Core Service	Most used Ryan White Part A Services in 2021/22	Most used Ryan White Part A Services in 2020/21	Most important services to clients	Most important to stay in care
Denotes Support Service	UNDUPLICATED CLIENT COUNT	UNDUPLICATED CLIENT COUNT		


**GY23 Norfolk TGA
Priority Setting Data Review**

Service Category				
DATA SOURCES 	2020 Red Ribbon Activity (PSRA) Question 1 LINK TO CARE (n=27)	2020 Red Ribbon Activity (PSRA) Question 2 RETAINED IN CARE (n=27)	2020 Red Ribbon Activity (PSRA) Question 3 VIRAL SUPPRESSION (n=27)	2019 RW Part B Consumer NA (n=26)
ADAP	6	10	2	5
Case Management Non-Medical	4	2	9	28
Child Care Services	28	18	28	28
Early Intervention Services	2	18	11	28
Emergency Financial Assistance	5	4	8	28
Food Bank / Home Delivered Meals	6	6	4	28
Health Education / Risk Reduction	15	14	14	28
Health Insurance Premium & Cost Sharing	6	8	4	28
Home and Community-Based Health Services	28	14	11	28
Home Health Care	28	18	16	28
Hospice Services	28	28	28	28
Housing Services	6	6	6	2
Linguistic Services	28	18	28	28
Local AIDS Pharmaceutical Assistance Program (LPAP)	14	10	16	5
Medical Case Management	1	1	1	4
Medical Nutrition Therapy	18	4	16	28
Medical Transportation	11	8	3	7
Mental Health Services	3	10	9	28
Oral Health Care	11	13	11	28
Other Professional Services (Legal, Permanency Planning)	18	28	28	28
Outpatient/Ambulatory Medical Care	6	2	6	1
Outreach Services	11	14	16	28
Psychosocial Support Services	15	14	14	3
Referral for Healthcare and Support Services	15	18	16	28
Rehabilitation Services	18	18	28	28
Respite Care	28	28	28	28
Substance Use Services - Residential	18	18	16	28
Substance Use Services-Outpatient	18	18	16	28
	What services are most important to link to care	What services are most important to stay in care	What services are most important to maintain viral suppression	Services most used
<i>Denotes Core Service</i>				
<i>Denotes Support Service</i>				


GY23 Norfolk TGA
Priority Setting Data Review

Service Category			
DATA SOURCES 	2022 Triennial NA Services Needed & Used (n=77) AGGREGATE	2022 Triennial NA Services Needed & Used (n=37) MSM	2022 Triennial NA Services Needed & Used (n=4) TRANSGENDER
ADAP	28	28	28
Case Management Non-Medical	7	7	3
Child Care Services	28	28	28
Early Intervention Services	11	10	28
Emergency Financial Assistance	10	8	7
Food Bank / Home Delivered Meals	4	11	6
Health Education / Risk Reduction	28	28	28
Health Insurance Premium & Cost Sharing	8	3	1
Home and Community-Based Health Services	28	28	28
Home Health Care	28	28	28
Hospice Services	28	28	28
Housing Services	12	12	28
Linguistic Services	28	28	28
Local AIDS Pharmaceutical Assistance Program (LPAP)	28	28	28
Medical Case Management	1	1	3
Medical Nutrition Therapy	28	28	28
Medical Transportation	3	4	7
Mental Health Services	9	8	28
Oral Health Care	2	1	1
Other Professional Services (Legal, Permanency Planning)	28	28	28
Outpatient/Ambulatory Medical Care	5	5	3
Outreach Services	28	28	28
Psychosocial Support Services	28	28	28
Referral for Healthcare and Support Services	6	6	7
Rehabilitation Services	28	28	28
Respite Care	28	28	28
Substance Use Services - Residential	28	28	28
Substance Use Services-Outpatient	28	28	28
<i>Denotes Core Service</i> <i>Denotes Support Service</i>	In the past 12 months, have you needed the following services? Yes, and I have used this service AGGREGATE	In the past 12 months, have you needed the following services? Yes, and I have used this service MSM	In the past 12 months, have you needed the following services? Yes, and I have used this service TRANSGENDER

GY23 Norfolk TGA
Priority Setting Data Review

Service Category			
DATA SOURCES 	2022 Triennial NA Services Needed Couldn't Get (n=77) AGGREGATE	2022 Triennial NA Services Needed Couldn't Get (n=37) MSM	2022 Triennial NA Services Needed Couldn't Get (n=4) TRANSGENDER
ADAP	28	28	28
Case Management Non-Medical	6	7	28
Child Care Services	28	28	28
Early Intervention Services	12	7	2
Emergency Financial Assistance	10	7	28
Food Bank / Home Delivered Meals	3	2	28
Health Education / Risk Reduction	28	28	28
Health Insurance Premium & Cost Sharing	7	11	28
Home and Community-Based Health Services	28	28	28
Home Health Care	28	28	28
Hospice Services	28	28	28
Housing Services	1	1	1
Linguistic Services	28	28	28
Local AIDS Pharmaceutical Assistance Program (LPAP)	28	28	28
Medical Case Management	4	5	28
Medical Nutrition Therapy	28	28	28
Medical Transportation	11	7	2
Mental Health Services	8	5	2
Oral Health Care	2	3	28
Other Professional Services (Legal, Permanency Planning)	28	28	28
Outpatient/Ambulatory Medical Care	9	11	28
Outreach Services	28	28	28
Psychosocial Support Services	28	28	28
Referral for Healthcare and Support Services	5	4	2
Rehabilitation Services	28	28	28
Respite Care	28	28	28
Substance Use Services - Residential	28	28	28
Substance Use Services-Outpatient	28	28	28
Denotes Core Service	In the past 12 months, have you needed the following services? Yes, but I couldn't access this service	In the past 12 months, have you needed the following services? Yes, but I couldn't access this service	In the past 12 months, have you needed the following services? Yes, but I couldn't access this service
Denotes Support Service	AGGREGATE	MSM	TRANSGENDER

**GY23 Norfolk TGA
Priority Setting Data Review**

Service Category			
<div>DATA SOURCES </div>	2022 Triennial NA Services to achieve and maintain VLS (n=77) AGGREGATE	2022 Triennial NA Services to achieve and maintain VLS (n=37) MSM	2022 Triennial NA Services to achieve and maintain VLS (n=4) TRANSGENDER
ADAP	28	28	28
Case Management Non-Medical	10	9	1
Child Care Services	28	28	28
Early Intervention Services	7	7	5
Emergency Financial Assistance	12	9	5
Food Bank / Home Delivered Meals	5	11	5
Health Education / Risk Reduction	28	28	28
Health Insurance Premium & Cost Sharing	4	3	1
Home and Community-Based Health Services	28	28	28
Home Health Care	28	28	28
Hospice Services	28	28	28
Housing Services	11	11	5
Linguistic Services	28	28	28
Local AIDS Pharmaceutical Assistance Program (LPAP)	28	28	28
Medical Case Management	1	1	1
Medical Nutrition Therapy	28	28	28
Medical Transportation	3	4	28
Mental Health Services	9	8	5
Oral Health Care	2	2	1
Other Professional Services (Legal, Permanency Planning)	28	28	28
Outpatient/Ambulatory Medical Care	8	6	5
Outreach Services	28	28	28
Psychosocial Support Services	28	28	28
Referral for Healthcare and Support Services	6	5	5
Rehabilitation Services	28	28	28
Respite Care	28	28	28
Substance Use Services - Residential	28	28	28
Substance Use Services-Outpatient	28	28	28
Denotes Core Service	How important do you think the following services are to achieve and maintain viral suppression? AGGREGATE	How important do you think the following services are to achieve and maintain viral suppression? MSM	How important do you think the following services are to achieve and maintain viral suppression? TRANSGENDER
Denotes Support Service			



2023/24 Priority Setting by Service Category

Approved by the Planning Council on 9/1/2022

Service Category	2023 Ranking	2022 Ranking	2021 Ranking	2020 Ranking	2019 Ranking
AIDS Drug Assistance Program		11	7	16	12
AIDS Pharmaceutical Assistance - Local		10	9	13	13
Child Care Services		23	24	22	22
Early Intervention Services		15	12	12	15
Emergency Financial Assistance		8	8	10	7
Food Bank / Home Delivered Meals		4	5	8	10
Health Education / Risk Reduction		17	20	19	17
Health Insurance Premium & Cost Sharing Assistance		7	6	7	6
Home and Community-Based Health Services		21	21	23	23
Home Health Care		22	22	24	24
Hospice Services		27	27	20	20
Housing Services		3	14	6	4
Linguistic Services		25	25	25	25
Medical Case Management		9	13	5	5
Medical Nutrition Therapy		6	1	14	14
Medical Transportation		16	15	2	2
Mental Health Services		2	4	1	3
Non-Medical Case Management Services		5	3	11	11
Oral Health Care		12	10	9	9
Other Professional Services (Legal / Permanency)		26	26	28	28
Outpatient/Ambulatory Health Services		1	2	3	1
Outreach Services		18	18	18	19
Psychosocial Support Services		14	19	17	18
Referral for Health Care and Supportive Services		20	16	26	26
Rehabilitation Services		24	23	27	27
Respite Care		28	28	21	21
Substance Abuse Services - Residential		19	17	15	16
Substance Abuse Services-Outpatient		13	11	4	8
<i>Denotes Core Service</i>					
<i>Denotes Support Service</i>					

Approved by Planning Council on 9/1/2022

Norfolk TGA
2016 - 2021 Historical Spending



<u>Service Category (HRSA)</u>	<u>2016 Spent</u>	<u>2017 Spent</u>	<u>2018 Spent</u>	<u>2019 Spent</u>	<u>2020 Spent</u>	<u>2021 Spent</u>	<u>2022 Allocated</u>
AIDS Pharmaceutical Assistance Local	\$ 52,869.00	\$ 70,315.00	\$ 54,462.68	\$ 35,586.00	\$ 3,381.80	\$ -	\$ 35,500.49
Medical Case Management	\$ 1,428,447.00	\$ 1,453,050.00	\$ 1,533,028.85	\$ 1,404,860.00	\$ 1,531,113.71	\$ 1,565,480.57	\$ 1,588,161.48
Health Insurance Premium/CSA	\$ 298,928.00	\$ 272,251.00	\$ 194,796.28	\$ 211,964.00	\$ 186,030.18	\$ 136,394.21	\$ 211,131.86
Mental Health Services	\$ 42,709.00	\$ 61,765.00	\$ 29,063.95	\$ 31,471.00	\$ 37,599.40	\$ 28,086.20	\$ 31,296.29
Oral Health Services	\$ 413,587.00	\$ 430,423.00	\$ 424,180.46	\$ 474,788.00	\$ 330,183.34	\$ 396,917.17	\$ 450,757.56
Outpatient/Ambulatory Medical Care	\$ 1,492,452.00	\$ 1,229,170.00	\$ 1,254,005.59	\$ 1,151,052.00	\$ 1,243,726.25	\$ 1,146,073.98	\$ 1,261,186.96
Substance Abuse Services (Outpatient)	\$ 10,674.00	\$ 13,772.00	\$ 7,651.84	\$ 2,993.00	\$ -	\$ -	\$ -
Early Intervention Services	\$ 104,263.00	\$ 161,683.00	\$ 146,298.23	\$ 134,283.00	\$ 187,697.88	\$ 238,157.65	\$ 134,059.78
Non-Medical Case Management	\$ 250,737.00	\$ 310,535.00	\$ 329,162.82	\$ 309,843.00	\$ 277,514.90	\$ 279,500.88	\$ 270,921.64
Housing	NF	NF	NF	NF	NF	NF	\$ 103,230.49
Referral for Healthcare and Support Services	NF	NF	NF	NF	\$ 41,680.72	\$ 37,777.91	\$ 39,704.03
Emergency Financial Assistance	\$ 118,181.00	\$ 144,184.00	\$ 147,509.84	\$ 166,098.00	\$ 160,092.33	\$ 144,770.15	\$ 165,822.27
Medical Transportation	\$ 256,256.00	\$ 265,517.00	\$ 290,990.65	\$ 296,093.00	\$ 207,791.93	\$ 208,493.35	\$ 256,908.45
Food Bank /Home Delivered Meals	\$ -	\$ 26,008.00	\$ 58,556.53	\$ 88,550.00	\$ 67,592.00	\$ 97,931.54	\$ 122,381.85
	\$ -	\$ -					
Total Services	\$ 4,469,103.00	\$ 4,438,673.00	\$ 4,469,707.72	\$ 4,307,581.00	\$ 4,274,404.44	\$ 4,279,583.61	\$ 4,671,063.16
Core vs. Support Break Out	2016	2017	2018	2019	2020	2021	2022
Core Services	86%	83%	82%	80%	82%	82%	79%
Support Services	14%	17%	18%	20%	18%	18%	21%

Norfolk TGA
2016 - 2021 Historical Spending



<u>Service Category (HRSA)</u>	<u>2016 %Spent</u>	<u>2017 %Spent</u>	<u>2018 %Spent</u>	<u>2019 %Spent</u>	<u>2020 %Spent</u>	<u>2021 %Spent</u>	<u>2022 %Allocated</u>
AIDS Pharmaceutical Assistance Local	1.18%	1.58%	1.22%	0.83%	0.08%	0.00%	0.76%
Medical Case Management	31.96%	32.74%	34.30%	32.61%	35.82%	36.58%	34.00%
Health Insurance Premium/CSA	6.69%	6.13%	4.36%	4.92%	4.35%	3.19%	4.52%
Mental Health Services	0.96%	1.39%	0.65%	0.73%	0.88%	0.66%	0.67%
Oral Health Services	9.25%	9.70%	9.49%	11.02%	7.72%	9.27%	9.65%
Outpatient/Ambulatory Medical Care	33.39%	27.69%	28.06%	26.72%	29.10%	26.78%	27.00%
Substance Abuse Services (Outpatient)	0.24%	0.31%	0.17%	0.07%	0.00%	0.00%	0.00%
Early Intervention Services	2.33%	3.64%	3.27%	3.12%	4.39%	5.56%	2.87%
Non-Medical Case Management	5.61%	7.00%	7.36%	7.19%	6.49%	6.53%	5.80%
Housing	NF	NF	NF	NF	NF	NF	2.21%
Referral for Healthcare and Support Services	NF	NF	NF	NF	0.98%	0.88%	0.85%
Emergency Financial Assistance	2.64%	3.25%	3.30%	3.86%	3.75%	3.38%	3.55%
Medical Transportation	5.73%	5.98%	6.51%	6.87%	4.86%	4.87%	5.50%
Food Bank /Home Delivered Meals	0.00%	0.59%	1.31%	2.06%	1.58%	2.29%	2.62%
Total Services							
Core vs. Support Break Out							
Core Services							
Support Services							

Norfolk TGA

Historical Spending Minority AIDS Initiative (MAI)
2016 - 2021



<u>Service Category (HRSA)</u>	<u>2016 Spent</u>	<u>2017 Spent</u>	<u>2018 Spent</u>	<u>2019 Spent</u>	<u>2020 Spent</u>	<u>2020 Spent</u>	<u>2021 Spent</u>	<u>2022 Allocated</u>
Early Intervention Services	\$ 459,582	\$ 447,201	\$ 483,030	\$ 494,624	\$ 370,663	\$ 461,738	\$ 512,642	\$ 466,091
Total Services	\$ 459,582	\$ 447,201	\$ 483,030	\$ 494,624	\$ 370,663	\$ 461,738	\$ 512,642	\$ 466,091
Core vs. Support Break Out	2016	2017	2018	2019	2020	2020	2021	2022
Core Services	100%	100%	100%	100%	100%	100%	100%	100%
Support Services	0%	0%	0%	0%	0%	0%	0%	0%

BLANK PAGE

Ryan White Part A Service Utilization and Expenditures for Grant Year 2021/22

NORFOLK TGA

Final Notice of Award Issued:	\$ 5,755,914.00		Service Dollars	Unspent Svc	Admin Dollars	Unspent Admin
GY21 Formula	\$ 4,001,532.00		\$ 4,001,532.00	\$ 90,893.93	\$ 140,000.00	\$ -
GY21 Supplemental	\$ 1,232,152.00		\$ 1,232,152.00	\$ 164,578.09	\$ 558,828.37	\$ -
GY21 MAI	\$ 522,230.00		\$ 522,230.00	\$ 9,588.37	\$ -	\$ -
Authorized Financial Assistance	\$ 5,755,914.00		\$ 5,755,914.00	\$ 265,060.39	\$ 698,828.37	\$ -

2021/22 RYAN WHITE PART A (Formula/Supplemental)					Total Service Dollars			\$ 4,279,583.61	
Service Category	FINAL Amount Allocated by Recipient	FINAL Percent Allocated by Recipient	Total Clients Served	Total Units of Service	Total Amount Expended	Total Percent Expended	Average Cost Per Unit	Average Cost Per Client	Funding Source (Supplemental/Formula)
BLUE = CORE SERVICES		0%				0.0000%	#DIV/0!	#DIV/0!	
RED = SUPPORT SERVICES		0%				0.0000%	#DIV/0!	#DIV/0!	
Early Intervention Services - REG	\$234,901.63	5%	79	566	\$238,157.65	5.5650%	\$420.77	\$ 3,014.65	Supplemental
Health Insurance Premium/ Cost Sharing Assistance	\$186,078.00	4%	644	1,614	\$136,394.21	3.1871%	\$84.51	\$ 211.79	Formula
Medical Case Management	\$1,612,829.00	36%	1,049	43,340	\$1,565,480.57	36.5802%	\$36.12	\$ 1,492.36	Formula
Mental Health Services	\$29,806.00	1%	20	307	\$28,086.20	0.6563%	\$91.49	\$ 1,404.31	Supplemental
Oral Health Services	\$450,646.00	10%	323	950	\$396,917.17	9.2747%	\$417.81	\$ 1,228.85	Formula
Outpatient Ambulatory Health Services	\$1,156,512.00	26%	287	432	\$1,146,073.98	26.7800%	\$2,652.95	\$ 3,993.29	Formula
Housing	\$0.00	0%	0	0	\$0.00	0.0000%	#DIV/0!	#DIV/0!	Supplemental
Case Management - Non Medical	\$286,625.00	6%	364	6,634	\$279,500.88	6.5310%	\$42.13	\$ 767.86	Formula
Emergency Financial Assistance	\$157,926.00	3%	99	145	\$144,770.15	3.3828%	\$998.41	\$ 1,462.32	Supplemental
Food Bank/ Home Delivered Meals	\$108,221.00	2%	169	2,018	\$97,931.54	2.2883%	\$48.53	\$ 579.48	Supplemental
Medical Transportation	\$268,842.00	6%	307	5,045	\$208,493.35	4.8718%	\$41.33	\$ 679.13	Formula
Referral for Health Care & Supportive Services	\$40,000.00	1%	1,329	6,433	\$37,777.91	0.8827%	\$5.87	\$ 28.43	Formula
Substance Abuse	\$2,669.00	0%	0	0	\$0.00	0.0000%	#DIV/0!	#DIV/0!	Supplemental
	\$ 4,535,055.63	100.0000%			\$ 4,279,583.61	100.0000%			

2021/22 RYAN WHITE PART A (MAI)					Total Service Dollars			\$512,641.63	
Service Category	Total Amount Allocated by Recipient	Total Percent Allocated by Recipient	Total Clients Served	Total Units of Service	Total Amount Expended	Total Percent Expended	Average Cost Per Unit	Average Cost Per Client	Funding Source (MAI)
BLUE = CORE SERVICES		0.0000%				0.0000%	#DIV/0!	#DIV/0!	
RED = SUPPORT SERVICES		0.0000%				0.0000%	#DIV/0!	#DIV/0!	
Early Intervention Services - MAI	\$ 522,230.00	100.0000%	87	726	\$512,641.63	100.0000%	\$706.12	\$ 5,892.43	MAI
		0.0000%				0.0000%	#DIV/0!	#DIV/0!	
	\$ 522,230.00	100.0000%			\$512,641.63	100.0000%			

2021/22 RYAN WHITE PART A (Formula/Supplemental)		
Service Category	Unduplicated Clients Served	Total Units of Service
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - REG	79	566
Health Insurance Premium/ Cost Sharing Assistance	644	1614
Medical Case Management	1049	43340
Mental Health Services	20	307
Oral Health Services	323	950
Outpatient Ambulatory Health Services	287	432
Case Management - Non Medical	364	6634
Emergency Financial Assistance	99	145
Food Bank/ Home Delivered Meals	169	2018
Medical Transportation	307	5045
Referral for Health Care & Supportive Services	1329	6433

2021/22 RYAN WHITE PART A (MAI)		
Service Category	Unduplicated Clients Served	Total Units of Service
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - MAI	87	726

Total Number of Clients (Unduplicated)	2463
Total Units of Service Provided	68210

CAREWare Services & Subservices

Contract Name: FY2022 Ryan White Part A

Start Date: March 1, 2022

End Date: February 28, 2023

Contract Item	Subservice
Health Insurance Premium & Cost Sharing Assistance (HIPCSA)	Laboratory Co-pay Medication Co-payment Assistance Medication Co-payment Assistance – PAP Mental Health Co-pay Office Visit Co-Pay Other Sources (HIPCSA) Specialty Office Visit Co-pay
Outpatient Ambulatory Health Services	Office Visit Office Visit – Insured Clients Specialty Office Visit Lab Visit Treatment Adherence-OAHS Tele-visit
Medical Case Management	MCM-15 minutes Face to Face meeting (other) MCM-15 minutes Non-Face to Face meeting MCM- Care Plan – Developed MCM- Care Plan – Updated MCM- Follow-up MCM- Insurance Enrollment MCM- Linkage to Care MCM- Referral – Medical Transportation MCM- Referral - EFA MCM- Referral – Food Bank MCM- Referral – Mental Health MCM- Referral – Oral Health MCM- Referral – Other MCM- RW Eligibility – Initial MCM- Treatment Adherence
Mental Health Services	1 Hour of Group Counseling 1 Hour of Individual Counseling Medication Management Mental Health Treatment Plan – Developed Mental Health Treatment Plan - Updated
Oral Health Care	Dental Office Visit Dental Treatment Plan – Developed Dental Treatment Plan - Updated
Medical Transportation	Bus Token-OAHS Bus Token-OH Bus Token-MH

	Bus Token-Support Group Bus Token-Other Taxi Voucher-OAHS Taxi Voucher-OH Taxi Voucher-MH Van Ride-Methadone Van Ride-MH Van Ride-OH Van Ride-OAHS Van Ride-SA Van Ride-Support Group Van Ride- ACA Enrollment Lyft Medical Uber Health
Early Intervention Services - MAI	EIS MAI – Linkage to OAHS EIS MAI – Linkage to MCM EIS MAI – Linkage to Mental Health EIS MAI – Linkage to Oral Health EIS MAI – Referral to Supportive Services EIS MAI – Health Education EIS MAI – RW Eligibility - Initial EIS MAI – Outreach EIS MAI – Follow-up OAHS visit EIS MAI – Follow-up Referral EIS MAI – Other
Early Intervention Services - Regular	EIS Regular – Linkage to OAHS EIS Regular – Linkage to MCM EIS Regular – Linkage to Mental Health EIS Regular – Linkage to Oral Health EIS Regular – Referral to Supportive Services EIS Regular – Health Education EIS Regular – RW Eligibility – Initial EIS Regular – Outreach EIS Regular – Follow-up OAHS visit EIS Regular – Follow-up Referral EIS Regular – Other
Housing Assistance	Intake Assessment Housing Plan Development Reassessment Housing Plan Update Housing Search Housing Placement Payment Assistance

Emergency Financial Assistance	One (1) Utility Assistance One (1) Month Rental Assistance
Food Bank/Home Delivered Meals	\$50 Voucher 1 Meal Delivery
Case Management – non-Medical	15 mins face to face (Non-medical CM) 15 mins non face to face (Non-medical CM) Care Plan - Developed (non-medical CM) Care Plan - Updated (non-medical CM) Follow-up (non-medical CM) Insurance Enrollment (non-medical CM) Referrals- Emergency Financial Assistance (non-medical CM) Referrals- Food Bank (non-medical CM) Referrals- Medical Transportation (non-medical CM) Referrals- Mental Health (non-medical CM) Referrals- Oral Health (non-medical CM) Referrals- Other (Non-medical CM) RW Eligibility - Initial (Non-medical CM)
Referral for Health Care & Supportive Services	Referrals- Emergency Financial Assistance (RHCSS) Referrals- Food Bank (RHCSS) Referrals- Mental Health (RHCSS) Referrals- Oral Health (RHCSS) Referrals- Transportation (RHCSS) Referrals- Other (RHCSS) Referrals- Follow-up (RHCSS)

Subpopulation of Focus #1: Men who have sex with Men
2021/22 RYAN WHITE PART A Subpopulation of Focus #1

Service Category	Unduplicated Subpop 1 Clients Served	Total Units of Service
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - MAI	55	496
Early Intervention Services - REG	30	193
Health Insurance Premium Cost Sharing Assistance	340	814
Medical Case Management	548	20705
Mental Health	15	15
Oral Health	152	437
Outpatient Ambulatory Health Services	161	240
Emergency Financial Assistance	51	75
Food Bank/Home Delivered Meals	76	794
Medical Transportation	140	2410
Case Management (nonMedical)	188	2743
Referral for Health Care & Supportive Services	644	3113

Subpop 1: Total Number of Clients (Unduplicated) **1257**

Subpop 1: Total Units of Service Provided **2055**

Subpopulation of Focus #2: Transgender
2021/22 RYAN WHITE PART A Subpopulation of Focus #2

Service Category	Unduplicated Subpop 2 Clients Served	Total Units of Service
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - MAI	3	25
Early Intervention Services - REG	1	5
Health Insurance Premium Cost Sharing Assistance	9	18
Medical Case Management	43	1402
Mental Health	0	0
Oral Health	12	35
Outpatient Ambulatory Health Services	3	4
Emergency Financial Assistance	5	5
Food Bank/Home Delivered Meals	3	54
Medical Transportation	10	339
Case Management (nonMedical)	11	113
Referral for Health Care & Supportive Services	23	104

Subpop 2: Total Number of Clients (Unduplicated) **63**

Subpop 2: Total Units of Service Provided **124**

Subpopulation of Focus #3: Youth (18-24)
2021/22 RYAN WHITE PART A Subpopulation of Focus #3

Service Category	Unduplicated Subpop 3 Clients Served	Total Units of Service
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - MAI	11	80
Early Intervention Services - REG	1	12
Health Insurance Premium Cost Sharing Assistance	10	17
Medical Case Management	36	1276
Mental Health	1	1
Oral Health	1	2
Outpatient Ambulatory Health Services	10	19
Emergency Financial Assistance	2	2
Food Bank/Home Delivered Meals	3	14
Medical Transportation	8	47
Case Management (nonMedical)	15	142
Referral for Health Care & Supportive Services	22	66
Subpop 3: Total Number of Clients (Unduplicated)	69	
Subpop 3: Total Units of Service Provided	139	

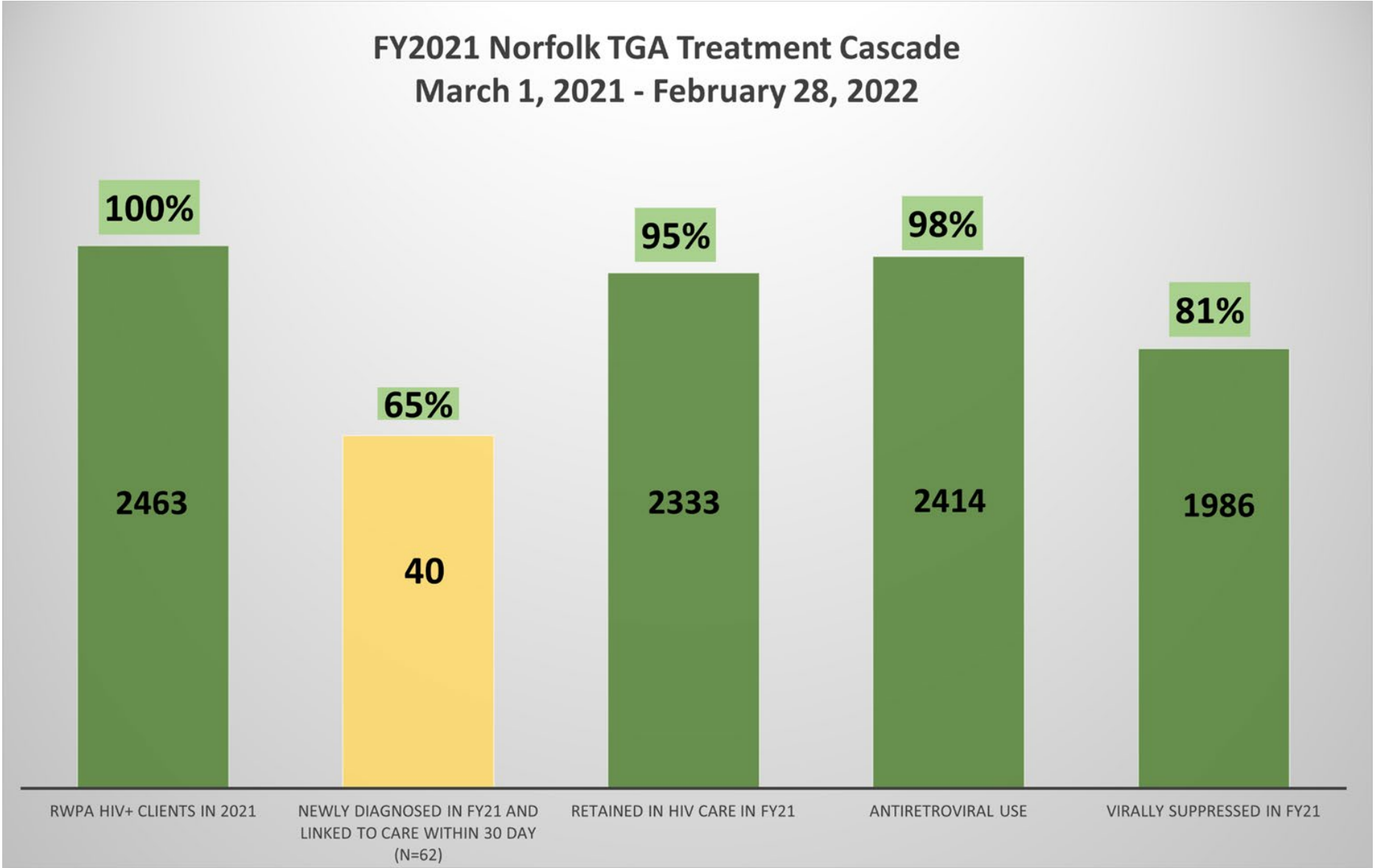
GY2021/22 DEMOGRAPHICS OF RYAN WHITE PART A & MAI CLIENTS

DEMOGRAPHICS	GRANT YEAR 2021/22		
	POPULATIONS	COUNT	PERCENT %
CLIENT ENROLLEMENT STATUS	Active	2333	94.72%
	Inactive	59	2.40%
	Incarcerated	4	0.16%
	Referred/Discharged	37	1.50%
	Relocated	30	1.22%
	Removed		
	Not Specified / Unknown		
GENDER	Female	667	27.08%
	Male	1733	70.36%
	Transgender	1	0.04%
	Transgender M+F	62	2.52%
RACE / ETHNICITY	American Indian	4	0.16%
	Asian	21	0.85%
	Black or African American	1864	75.68%
	Hispanic	114	4.63%
	Multiracial	43	1.75%
	Pacific Islander	4	0.16%
	White or Caucasian	412	16.73%
	Not Specified / Unknown	1	0.04%
AGE	0 mo. to 12 yrs	1	0.04%
	13 yrs to 17 yrs	2	0.08%
	18 yrs to 24 yrs	69	2.80%
	25 yrs to 34 yrs	525	21.32%
	35 yrs to 44 yrs	495	20.10%
	45 yrs to 54 yrs	482	19.57%
	55 yrs to 64 yrs	637	25.86%
	65 yrs to 74 yrs	224	9.09%

	75 yrs or better	28	1.14%
	Not Specified / Unknown		
HIV/AIDS Status	CDC defined AIDS	928	37.68%
	HIV-positive, not AIDS	48	1.95%
	HIV-positive, AIDS status unknown	1487	60.37%
	Not Specified / Unknown		
MODE OF ACQUISITION	Hemophilia / Coagulation disorder	7	0.28%
	Heterosexual contact	1002	40.68%
	Injection drug use (IDU)	120	4.87%
	Male to male sexual (MSM) contact	1257	51.04%
	MSM & IDU	31	1.26%
	Perinatal	25	1.02%
	Blood product or transfusion	17	0.69%
	Not Specified / Unknown	4	0.16%
INSURANCE STATUS	Medicaid	1091	44.30%
	Medicare	502	20.38%
	Medicaid / Medicare		
	No insurance	227	9.22%
	Private - Employer	220	8.93%
	Private - Individual (ACA)	390	15.83%
	Veteran Affairs, Tricare, Military Healthcare	18	0.73%
	Other	15	0.61%

Women, Infants, Children, Youth (WICY)

2021/22 WICY Report and Demographics										
Service Category	Total Clients Served (Unduplicated)	Women (25+ yrs)			Infant (<2 yrs)			Youth (13 - 24 yrs)		
		# of Clients	% of WICY	% of All Clients	# of Clients	% of WICY	% of All Clients	# of Clients	% of WICY	% of All Clients
ALL WICY RW CLIENTS FOR GY2021/22	739	667	90.26%	27.08%	0	0.00%	0.00%	71	9.61%	2.88%
Total WICY Clients for Service										
Early Intervention Service - MAI	28	17	60.71%	0.69%		0.00%	0.00%	11	39.29%	0.45%
Early Intervention Service - REG	31	30	96.77%	1.22%		0.00%	0.00%	1	3.23%	0.04%
Health Insurance Premium/Cost Sharing Assistance	190	180	94.74%	7.31%		0.00%	0.00%	10	5.26%	0.41%
Medical Case Management Services	287	248	86.41%	10.07%		0.00%	0.00%	38	13.24%	1.54%
Mental Health	5	4	80.00%	0.16%		0.00%	0.00%	1	20.00%	0.04%
Oral Health Services	107	105	98.13%	4.26%		0.00%	0.00%	2	1.87%	0.08%
Outpatient Ambulatory Health Services	64	64	100.00%	2.60%		0.00%	0.00%	0	0.00%	0.00%
	0		#DIV/0!	0.00%		#DIV/0!	0.00%		#DIV/0!	0.00%
	0		#DIV/0!	0.00%		#DIV/0!	0.00%		#DIV/0!	0.00%
Case Management (non-Medical)	673	658	97.77%	26.72%		0.00%	0.00%	15	2.23%	0.61%
Emergency Financial Assistance	37	37	100.00%	1.50%		0.00%	0.00%	0	0.00%	0.00%
Food Bank/Home Delivered Meals	52	49	94.23%	1.99%		0.00%	0.00%	3	5.77%	0.12%
Medical Transportation Services	96	88	91.67%	3.57%		0.00%	0.00%	8	8.33%	0.32%
Referral for Health Care & Supportive Services	426	404	94.84%	16.40%		0.00%	0.00%	22	5.16%	0.89%



Grant Year 2023/24 Recipient Recommendations for Service Category Allocations			
NORFOLK TGA			
NCC Funding Ceilings	OVERALL AWARD	ADMINISTRATION	SERVICES
Part A (Formula/Supplemental) Ceiling	\$ 5,499,097.00	\$ 824,864.55	\$ 4,674,232.45
MAI Ceiling	\$ 551,912.00	\$ 82,786.80	\$ 469,125.20
Grant Year 2023/24 Total Funding Ceiling	\$ 6,051,008.00	\$ 907,651.35	\$ 5,143,357.65

2023/24 RYAN WHITE PART A (Formula/Supplemental)		Total Service Dollars
Service Category	Recommended Dollar Amount	FINAL Percent Allocated by Recipient
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - REG	\$268,657.00	5.75%
Health Insurance Premium Cost Sharing Assistance	\$177,698.00	3.80%
Medical Case Management	\$1,665,481.00	35.63%
Mental Health	\$29,806.00	0.64%
Oral Health	\$420,685.00	9.00%
Outpatient Ambulatory Health Services	\$1,296,074.00	27.73%
		0.00%
Case Management (non Medical)	\$298,842.00	6.39%
Emergency Financial Assistance	\$145,664.00	3.12%
Food Bank/ Home Delivered Meals	\$117,832.00	2.52%
Medical Transportation	\$213,493.00	4.57%
Referral for Health Care & Supportive Services	\$40,000.00	0.86%
	\$ 4,674,232.00	100.0000%

2023/24 RYAN WHITE PART A (MAI)		Total Service Dollars
Service Category	Recommended Dollar Amount	FINAL Percent Allocated by Recipient
BLUE = CORE SERVICES		
RED = SUPPORT SERVICES		
Early Intervention Services - MAI	\$234,562.60	50.00%
Medical Case Management	\$117,281.30	25.00%
Mental Health	\$58,640.65	12.50%
Outpatient Ambulatory Health Services	\$58,640.65	12.50%
	\$ 469,125.20	100.0000%

Norfolk TGA Ryan White Part A

2023 Resource Allocation by Service Category

Approved by the Norfolk TGA Planning Council on 9/1/2022

Service Category	2023 Request	2023 % Request
IDS Pharmaceutical Assistance Local		
Medical Case Management		
Health Insurance Premium/CSA		
Mental Health Services		
Oral Health Services		
Outpatient/Ambulatory Medical Care		
Substance Abuse Services (Outpatient)		
Early Intervention Services		
Case Management Non-medical		
Housing (Emergency)		
Referral for Healthcare and Support Services		
Emergency Financial Assistance		
Medical Transportation		
Food Bank /Home Delivered Meals		
Total Request for Services Formula/Supplemental	\$ 4,674,232	
15% Grantee Administration	\$ 824,865	
TOTAL REQUEST FOR FORMULA/SUPPLEMENTAL	\$ 5,499,097	

MAI Service Category	2023 Request	2023 % Request
Early Intervention Services - MAI		
Medical Case Management - MAI		
Mental Health - MAI		
Outpatient Ambulatory Health Services - MAI		
Total Request for Services Minority AIDS Initiative	\$ 469,125	
15% Grantee Administration	\$ 82,787	
TOTAL REQUEST FOR MAI	\$ 551,912	

Total Grant Request for Services including MAI	\$ 5,143,357
15% Grantee Administration	\$ 907,651
TOTAL GRANT REQUEST	\$ 6,051,008

#DIV/0!	Core Services	\$ -
#DIV/0!	Support Services	\$ -